



CHEMIST & DRUGGIST

the newsweekly for pharmacy

September 22, 1990



**MCA proposes
£62,000 hike
in PL fee**

**NPA produces
customised
practice leaflet**

**Baseley targets
hospital market**

**Close pharmacies
to cut costs
Allen tells BPC**

BPC 1990

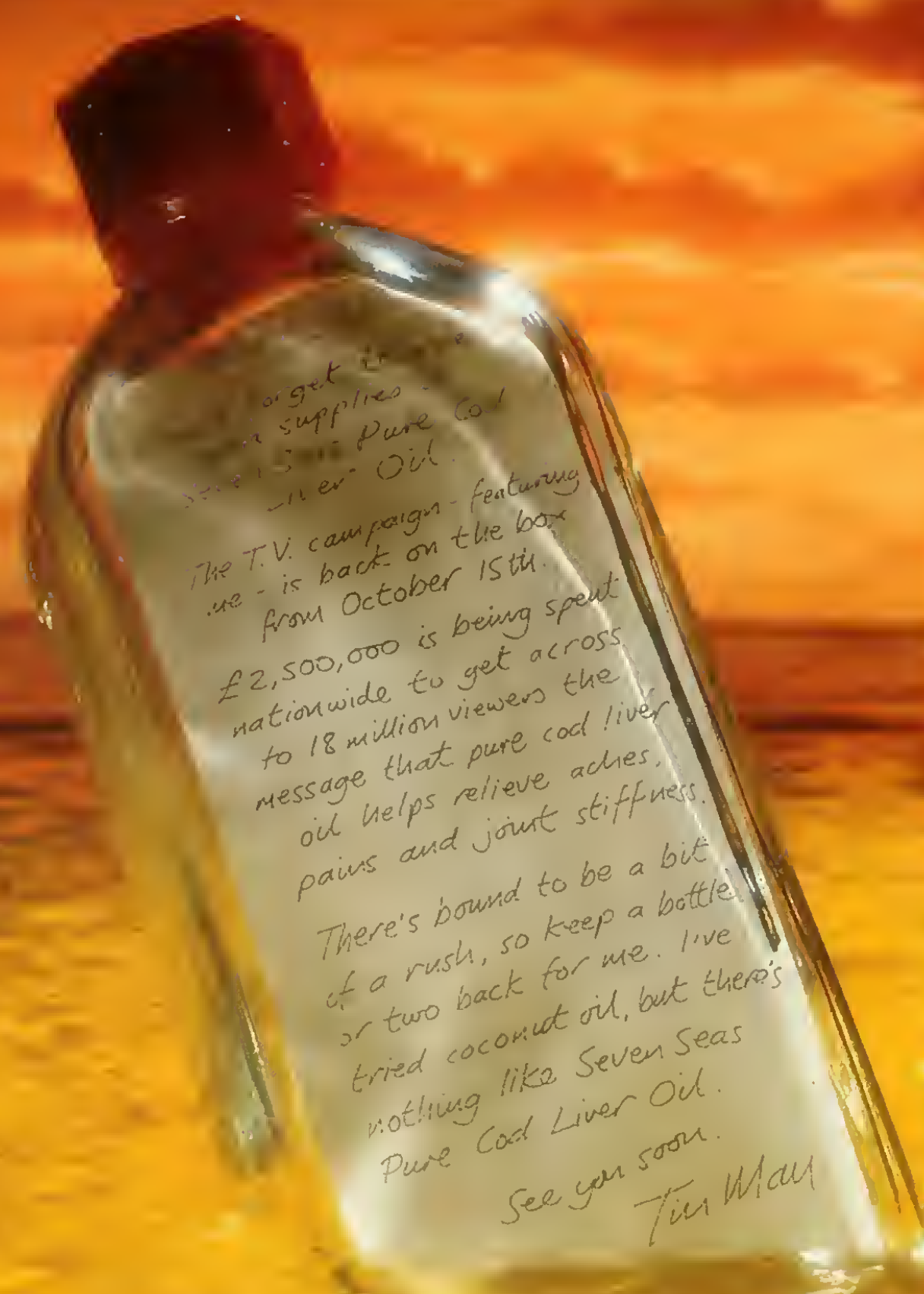


CARDIFF

Last year alone, two million new users took Seven Seas Pure Cod Liver Oil for the very first time. What's more, the number is bound to grow as more people find out about the positive relief that it gives to sufferers of aches, pains, and joint stiffness. Which is why, throughout the autumn and winter months, Seven Seas Pure Cod Liver

Oil accounts for one quarter of all vitamins and supplements sold through chemists. So don't miss out. Read the tin man's note about our next TV campaign and take his advice. Stock up now.

SEVEN SEAS
Pure Cod Liver Oil



Don't forget to stock up on supplies.
Seven Seas Pure Cod Liver Oil.
The T.V. campaign - featuring me - is back on the box from October 15th.
£2,500,000 is being spent nationwide to get across to 18 million viewers the message that pure cod liver oil helps relieve aches, pains and joint stiffness.
There's bound to be a bit of a rush, so keep a bottle or two back for me. I've tried coconut oil, but there's nothing like Seven Seas Pure Cod Liver Oil.
See you soon.
Tim Man

THE BIGGEST AND FASTEST GROWING PRODUCT IN OTC MEDICINE



Category Winner

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DRUGGIST**INCORPORATING
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COMMENT

Council member David Allen last week stirred up something of a hornet's nest at the Cardiff BPC when he suggested a reduction of around 25 per cent in pharmacy numbers would not cause "any great disadvantage" to the public and reduce the cost of the pharmaceutical service (p516). With community pharmacists reeling under the Government's pay imposition the last thing the profession needs is for one of its own to invite the knife without suggesting a rational means of excision.

Pharmacy numbers have fallen over the years from nearly 17,000 in 1936 to an interim peak of 12,000 prior to the new contract in September 1987. The two year compensation package has since helped bring numbers back down to 11,676. Few pharmacists would argue that some pharmacies could be more rationally distributed. There are some improbable clusters in certain High Streets, or around health centres, and a dearth of pharmacies in some rural and inner city areas. To encourage a limited and controlled number of closures a new compensation scheme would have to be introduced. Amalgamations to produce partnerships and two-

pharmacist businesses will only occur with a compensation scheme. Also, the family health service authorities, when considering new contract applications in both town and country, would then have to apply fairly the "necessary or desirable" criteria and consider whether a new business prejudices the existing pharmaceutical service. At present this last criterion is applied only in areas designated rural in character. Even this may not give businesses wishing to amalgamate the security essential to their survival.

Because the Government no longer fully reimburses the costs of running business premises, the savings to the Exchequer in reduced numbers are no longer as great as in cost-plus days, but individual FHSAs might find it attractive (if only they could) to concentrate the number of scripts through fewer pharmacies — after all, the fee per script diminishes through three bands as numbers dispensed increase.

The only way the public will find itself unaffected by pharmacy closures is if there is a mechanism for a limited number of rational closures. If the Government provides the means, it might find the profession amenable.

MCA proposes another rise in licence fees

The Medicines Control Agency is proposing further increases in medicines licence fees from December 1, to help relieve its accumulating deficit.

"The MCA cannot ignore this deficit and steps must be taken to reduce it," explains consultation letter MLX 180, sent out last week, proposing that some licence fees should double.

A fee increase from June to recover the full cost of processing licence applications was delayed because of an application for a judicial review of the 1990 fees Regulations made in March. This has also "further exacerbated" the MCA's financial position.

The MCA employed consultants to carry out an independent activity survey and to make recommendations on a future fee structure. The consultants felt unable to make definitive recommendations, but suggested that more detailed work should provide accurate unit costs, including setting up continuous time recording systems.

The MCA's director of finance is currently establishing costing and management systems and the information should be available in the next few months. The MCA would then seek comments about a new fee structure from April 1991.

The review is paying particular attention to the problems of small companies who have criticised the present structure as imposing heavier burdens on those with large product ranges and limited turnover.

Meanwhile the MCA is proposing an interim review which would generate an additional £1.5 million in the remainder of this financial year. From December 1, major product licence fees would increase from £68,000 to £130,000, abridged complex PLs from £10,200 to £20,000, abridged standard PLs from £5,100 to £10,000 and abridged simple PLs from £2,550 to £3,000. PL renewal applications would fall slightly or remain the same. Manufacturers' licences would rise from £1,700 to £1,955 but there would be no change in any fees involving wholesale dealers. Clinical trial certificate applications would increase from £13,600 to £20,000 (renewals).

The MCA has suggested that a new category of inspection fee should be charged for sites with

250 or more employees to cover the extra costs involved.

The consultants found that the costs of processing new active substances, complex, standard and abridged applications were under-recovered and that significant increases could be justified. They also recommended a new minimum fee because existing lower fee levels did not recover processing costs.

The MCA therefore proposes to make the highest and lowest fees correspond more closely to processing costs and thus give a fairer distribution, without prejudicing the full review in which some fees may go up again and others be reduced.

The MCA's loss is likely to reach £3.8m by the end of next year. To clear this it would be necessary to increase fees from December 1 by at least 120 per cent, but the MCA believes this is not a viable option before the results of the full review. Comments on the proposals should be with Mr G. Rees, Room 1205, MCA, Market Towers, 1 Nine Elms Lane, London SW8 5NQ, by October 26.

On a brighter note, the MCA says that the effects of the hard work directed towards eliminating delays are becoming visible. Despite a 30 per cent increase in major new drug licences in 1989-90, the mean time for granting these licences has been cut by 10 per cent and the UK now has the fastest licensing time for

such drugs in the EC.

Commenting on the proposals, the Proprietary Association of Great Britain says that increases of 100 per cent are hard to accept when it appears that the money is needed to cover running costs and that service-related improvements have not been seen.

A large fee increase is self-defeating, the PAGB continues. In the three months leading to the March increase, the MCA was subjected to a deluge of 457 abridged licence applications and, as a result, still faces a backlog. Putting fees up again is likely to lead to another flood of applications. To break this pattern of fee increase/deluge/backlog, PAGB believes the Treasury should intervene with financial assistance until the current backlogs are eliminated. A stable fee structure could then be established.

□ The MCA has improved its output of abridged product licence applications by 12 per cent in 1989-90, as a result of improving processing times by up to 26 per cent. However, PAGB points out that validation of standard and complex applications before processing is still taking two and a half times as long as last year and the backlog has increased by one-fifth. By April 1992, the MCA aims to have eliminated all backlogs and hopes that the net time to grant an abridged licence will be between four and seven months.

Hospital pay: still waiting

Despite all hopes that last year's 18-month pay deal for the hospital service might result in prompt settlements in the future, hospital pharmacists will again be kept waiting for a pay increase in 1990-91.

With the next increase due on October 1, staff side negotiators, despite repeated letters to the Department of Health, still await a response to their pay claim lodged in June.

Staff side chairman Bob Timson seems resigned to the wait, though he says the Guild of Hospital Pharmacists general secretary Dr David Bird has again been pressing the management side for some action.

Stroud East goes urban

Doctors in Gloucestershire are challenging a decision by the former family practitioner committee's dispensing subcommittee that an area to the east of Stroud is no longer rural in character.

A pharmacist has applied to dispense in Chalford parish and dispensing doctors in the villages of Eastcombe and Chalford Hill are resisting the move. On their behalf the local medical committee has appealed to the Rural Dispensing Committee in London.

The parish of Chalford covers the villages of Bussage, Brownshill, Chalford, Chalford Hill and France Lynch with a total electoral roll of 4,000.



"IF YOU TAKE ALL THOSE SAMPLES HOME OUR BATHROOM CABINET WILL HAVE MORE STOCK THAN THE SHOP."

FHSAs up and running

Monday saw the demise of the family practitioner committees and their replacement by family health services authorities. On the same day the NHS health authorities were reformed in line with measures set out in the NHS and Community Care Act 1990.

The changes, in advance of Government NHS reforms due to start on April 1, 1991, mean that the new FHSAs will have enlarged management functions. They are charged with ensuring that the quality of family practitioner services, including pharmaceutical services, is being maintained.

They will also be assessing the health needs of their local populations, planning services to meet those needs and seeing that the public have information about those services.

From April next year FHSAs will be giving all general practices prescribing budgets, now known as "indicative prescribing amounts". These will be based partly on historical prescribing patterns, on discussions with the prescribers involved and on advice by FHSAs medical advisers.

While the Department of Health has given assurances that the prescribing amounts will not prevent patients from receiving the medicines they need, there is a general view that they will lead to a downward pressure on the costs of medicines being supplied.

Another new role for FHSAs will be helping GP practices wishing to become fund holders.

The FHSAs, serving populations from about 130,000 to 160,000, will each be run by a chairman, five lay non executive members, a GP, a dentist, a pharmacist, a community nurse and the general manager.

The 199 district health authorities in England and Wales will be purchasing healthcare services for their resident populations, from competing providers, including the new NHS trusts.

Passport case pharmacist let off three months

A Birmingham pharmacist who countersigned three passport application forms for people he did not know had three months of his nine-month prison sentence suspended by the Criminal Appeal Court in London on Tuesday.

Mukesh Kumar Ratul Panchall, of Acocks Road, Hazelwood Green, was jailed in July by Birmingham Crown Court after admitting making untrue statements to obtain passports.

Mr Justice Boreham announced in the Appeal Court: "Having regard to matters put forward in mitigation, the public interest can properly be served if we allow six months to be served and three months to be suspended. His professional body will no doubt wish to investigate this matter and his career could be in jeopardy." Mr Panchall had been registered for three years and had owned his own pharmacy since October 1988. "A social inquiry report spoke very much in

favour of him and mention has been made of the effect of imprisonment on him and his business," the judge said.

The judge said Peterborough Passport Office in April 1989 received applications for ten-year passports in the names of Wiley, Campbell and Williams which purported to be countersigned by Mukash Lal, a Walsall pharmacist.

"Inquiries revealed no pharmacist at that address and that the applicants' addresses were also false," the judge continued. "Panchall admitted he countersigned each form and certified photographs as being true likenesses of the applicants."

"He admitted he had never met any of them; he stated that a regular customer had told him they were relatives and so he signed the forms and photographs. He realised he had been careless and stupid, and had no idea why false applications had been made".

Labelling

The House of Lords Select Committee on the European Communities believes that the proposed EC Directive on labelling of medicines should not be implemented before the end of 1994.

After receiving evidence from the industry and professional organisations, it considered that the proposed implementation date of 1992 was unreasonable, in view of the practical problems involved.

The committee was also concerned that the labelling Directive might encourage the relegation of important information to leaflets which are likely to be ignored or discarded. While supporting the EC's proposals for additional information on leaflets, the committee considered that contra-indications and warnings should always appear on the packaging.

The committee considers that the House of Lords' attention should be drawn to these questions *House of Lords 20th Report "Medicinal Products" HL Paper 77 (HMSO £8.65).*

NPA produces specimen practice leaflet

The National Pharmaceutical Association is to send a specimen practice leaflet to its members, from which they can order their own customised version based on the services their pharmacy provides.

The NPA's move comes in response to the Royal Pharmaceutical Society's recommendation that community pharmacists should be encouraged to introduce practice leaflets.

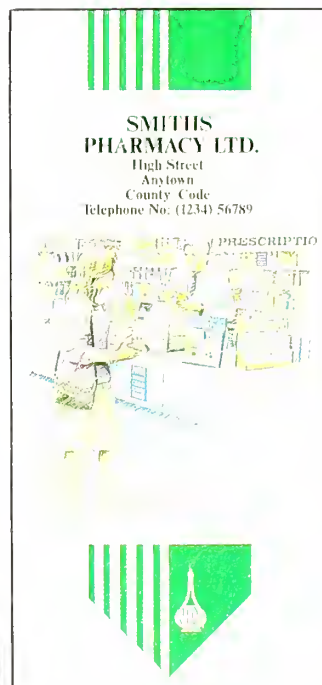
The text of the leaflet is based on that published by the Society's Council and has been adjudged "reader friendly" by the Plain

English Campaign.

The sample leaflet includes 17 standard paragraphs which describe the typical services provided by the traditional community pharmacy, with space for further paragraphs describing specialist services such as patient medication records, health monitoring and ear piercing. For example, under health monitoring, the NPA's wording is: "We can help you monitor your own blood pressure, weight and height. We can always explain the results to you".

The leaflet will carry the name, address and telephone number of

the pharmacy on the front, with opening hours, qualifications of pharmacists and brief directions on the back. Prices will be £240 (8p each) for 3,000 or £390 (6.5p each) for 6,000 leaflets, including postage and packaging; leaflets are zero rated for VAT.



DoH launches 1991 Project Development Scheme

The Department of Health is inviting applications for its Project Development Grant scheme, which is being provided under the Pharmacy Practice Research Enterprise Scheme 1991.

The DoH says: "Our definition of practice research is very broad and includes observational as well as

experimental studies. We are looking for research proposals which will examine any aspect of the pharmaceutical service in the community or primary care sector."

The scheme is open to all registered pharmacists resident in England, who may submit research proposals for

consideration. Applications for sums in excess of £15,000 are unlikely to be considered.

Applications should be forwarded to Mrs Rendell, DoH, Room 124, Portland Court, 158-176 Great Portland Street, London W1N 5TB. The closing date for receipt of completed applications is December 10, 1990.



Poised for success

Bristows hairspray has always been a handsome profit earner. It's a strong brand with a wide and loyal customer base.

Now, the whole range of Bristows hairsprays are available in beautiful new packs to appeal to more women than ever.

For more shelf appeal. More sales. More profit for you.

Be sure you stock enough.

Bristows shampoo is also available.



SmithKline Beecham
Consumer Brands



Cardiff Conference chairman Alan Crabbe (left) with Pharmaceutical Society president Linda Stone, Minister for Health Virginia Bottomley and RPSGB secretary and registrar John Ferguson at the Conference banquet. Conference reports p516-526

Shotgun raid farce

A bungled shotgun raid on a Glasgow pharmacy has resulted in two people being jailed.

In January, pharmacist Joseph Addo of the Milton Pharmacy, Scaraway Street, Glasgow, was confronted by a man with a sawn off shotgun and a woman accomplice demanding drugs.

Mr Addo grabbed the shotgun, was punched on the face and the shop's alarm went off. The two had arrived by taxi and asked the driver to wait. They got away from the shop with a quantity of temazepam capsules.

When they returned to the taxi it failed to start. They attempted to push start it and the driver put it in reverse. It shot back into them and the couple ran away on foot.

Alexander Burke (40) was jailed for five years and Nan Veronica Kirkland (29) for three years. Burke's counsel, Michael O'Grady said the raid's execution was "verging on the farcical".

He said Burke was wearing a mask which he was having difficulty seeing through. "When the alarm went off he rushed into the street to find the taxi had broken down." Mr O'Grady said his client had an appalling history of drug addiction.

Sentencing them at the High Court in Edinburgh, Lord Weir told them: "You must be aware that attacks on chemists' shops are happening all too frequently and the public, and particularly those working there, require protection."

No surprises in health survey

An attempt to identify those groups in society which run the greatest risk of suffering from poor health has yielded some preliminary results.

The £240,000 study across the North East Thames Regional Health Authority began a year ago and aims to interview a sample of 10,000 adults.

Responses from the first 2,300 people interviewed suggest a large proportion consume too much alcohol and tobacco, do not take enough exercise and are highly stressed. Also, certain crucial dietary factors are not consumed in sufficient quantities, says the report.

The study highlighted the "deeply worrying" lifestyle and state of health of the unemployed. It is characterised by more chronic illness, more alcohol abuse, higher

tobacco consumption, more stress, poorer quality sleep and poorer diets than that of the general population.

These observations also applied, in the majority of cases, to the disabled, single parent families and those living in unfavourable housing conditions.

Morbidity levels in the population have been found to be relatively high, but not evenly distributed. Chronic illness, sick days, and restricted activity were all among the lower socio-economic groups.

Dr Sheila Adam, north west Thames public health director, said the survey "clearly shows that you cannot separate an individual's health from their social conditions and lifestyle. The NHS is doing a good job but it cannot make people healthy without a significant contribution from other agencies — central government, housing authorities, employers — as well as from individuals themselves."

"The quality of life in North West Thames." NW Thames RHA, 40 Eastbourne Terrace, London W2 3QR.

Competition for Retrovir?

Retrovir could face competition from ten or more new drugs for HIV infection by 1994.

Dideoxynosine (ddl), under development by Bristol-Myers Squibb, is thought to be the next drug likely to be approved by the US Food and Drug Administration. It could be launched sometime in 1991. Like Retrovir it is a reverse transcriptase inhibitor.

There are currently three ddl trials underway in the US, although no direct comparisons have been made with Retrovir. At

higher doses the drug can cause inflammation of the pancreas and peripheral neuropathy.

Protease inhibitors are regarded as the most interesting of the new batch of compounds, particularly Roche's Ro31-8959, according to City analysts Shearson Lehman.

An AIDS vaccine may be available by the late 1990s. Repligen/Merck are tipped as leaders in the race to produce an effective product. Genentech, Chiron and Bristol-Myers are also contenders.

D&TB rejects use of Algitec

There is no convincing evidence to support the use of Algitec over its individual ingredients prescribed separately, says the Consumers' Association in the latest *Drug and Therapeutics Bulletin*.

Some patients may find it more convenient and have to pay only one prescription charge, but the anticipated improvement in compliance seems irrelevant in a product intended for symptomatic relief, says the *Bulletin*.

Algitec is more expensive than similar doses of the individual ingredients, says the *D&TB*. The 200mg cimetidine dose in Algitec is only half that usually recommended for oesophagitis and at £1 per day it costs almost twice the equivalent dose of generic cimetidine (£0.60 per day), explains the *Bulletin*. Adding in Gaviscon tablets as an alginate/antacid combination (£0.15 per day) produces a combined cost of £0.75 per day.

The *D&TB* says that although published clinical trials describing the efficacy of Algitec exist, none

are readily accessible to most doctors, and no study has compared the combination with its two components taken separately.

SK&F told *C&D* they felt the report was "misleading" in several respects. "The rationale of Algitec is to provide dual protection — immediate local protection provided by alginate acid, and healing by the cimetidine. It is not simply for symptomatic relief."

"All published data on Algitec has been available and accessible since before launch. Large multicentre trials show Algitec is as effective as cimetidine 400mg four times a day in the healing and improvement of endoscopic signs of oesophagitis, despite containing only half the dose of cimetidine. It is also superior to both cimetidine and common alginate antacid compounds in relieving heartburn."

SK&F add that they feel the price of Algitec is justified considering the advantages offered to the patient.

Jabs advice

Giving paracetamol to children after each of their primary immunisations as prophylaxis against febrile reactions is not always justified, says the Consumers' Association in the *Drug and Therapeutics Bulletin* (September 17).

It recommends this practice only if it can be shown to reduce the incidence of post-immunisation fits or collapse.

About 5 to 7 per cent of children have personal or first degree family history of febrile or non-febrile fits, which puts them at higher than normal risk. Doctors might consider offering prophylactic oral paracetamol to these infants, says the report.

The British Pharmacopoeia 1988 Amendments No 4, effective from September 1, have been published (HMSO £1.95). They include the requirement that when diabetic codeine linctus is prescribed or demanded, codeine linctus with a vehicle appropriate for diabetics, whether or not labelled "diabetic codeine linctus", shall be dispensed or supplied.

PSNC confirmed this week that officers will be meeting members of the Pharmacy Review Panel on October 16 to discuss the Panel's recent rejection of the Committee's reference.

The number of AIDS cases in the UK had increased to 3,688 by the end of August, according to Department of Health statistics; of these 1,975 have died.

Writ against pharmacists alleges negligence

Alleged negligence in the dispensing of a prescription for pethidine has led to the issuing of a High Court writ against pharmacists Neville Becker and Leon Simon, owners of Collington Pharmacy, Collington Avenue, Bexhill-on-Sea, East Sussex.

Margaret Hutchins, of Daventry, Northamptonshire, says her husband died through the allegedly negligent prescription and she is suing for compensation.

According to the writ, Roger Hutchins died after the prescription had been dispensed on July 29 last year. Mr Becker and Mr Simon were also in alleged breach of an oral agreement relating to the medicine.

Mrs Hutchins brings her claim under the Law Reform (miscellaneous provisions) Act 1934 and the Fatal Accidents Act 1976. The writ is being contested.

C&D understands the persons named in the writ were not directly involved in the dispensary.

Man charged after stabbing

A second stabbing incident has occurred in a pharmacy in the Hackney area of London.

The pharmacist and assistant at Leoprime Ltd, 63 Downham Road, London N1, were both injured and taken to hospital in the latest incident on September 14. Approximately £100 was taken.

In the previous week the pharmacist in charge of premises in Mare Street, Hackney, E8, was seriously injured following an attempted robbery (C&D, last week p430).

At Old Street Magistrates Court on Monday, Junior Anthony Thomas, aged 23 and unemployed, was charged on one count of robbery, two counts of grievous bodily harm with intent and one count of attempting to steal.

Dr Vernon Walters, pictured last week at the British Pharmaceutical Conference exhibition in Cardiff, is a member of the local organising committee for the 1991 Merseyside Conference. He has no connection with Pharmaserve.

TOPICAL REFLECTIONS

by Xrayser

Rural puzzles

In my ignorance I have always thought of Essex as one of the Home Counties where, because of the high density of population, rural areas are a rarity and dispensing doctors not a problem. It seems, judging by the frequency with which Essex villages are mentioned, that this is an erroneous assumption and rather than being a peaceful commuter backwater, the depths of Writtle, East Tilbury, Great Wakering and Hatfield Peverel inspire heated debate and acrimony.

When the statistics for the number of doctors dispensing per head of population are examined, Essex comes almost top of the list, and therein lies the answer to my conundrum. Essex and similar counties should require very few dispensing doctors, but the rapid post-war growth in population has perpetuated an anomaly into a highly lucrative business.

The war is slowly being won (Writtle a couple of weeks ago and Hatfield Peverel last week) but it is a battle that should have ceased to be necessary long ago. Hardship in the commuter belts around London must be a rare event, and few of those who live on the land can derive their income from it any longer. The new family health service authorities have a responsibility to plan comprehensive patient services from all contractor professionals. They should start by providing all patients with a genuine pharmaceutical service and declare Essex and counties like it no longer rural.

Put your money...!

There was strong encouragement from Health Minister Virginia Bottomley at last week's annual pharmaceutical conference for community pharmacists to extend their professional role away from the dispensing bench, but she has a short memory for Secretary of State Kenneth Clarke's recent imposition of an effective cut in our remuneration.



Virginia exhorts us to emerge from our dispensaries and interact with our patients. She keenly demands examples of good practice innovations and positively looks to the future role of the community pharmacist to galvanise us into an emulation of the hospital pharmacist's apparent success.

I have news for Mrs Bottomley. I interact actively with my patients already. I am always looking for ways to improve my professional practice, and though I am pleased that my

hospital colleagues are prospering professionally, any comparisons must be tempered by an awareness of the totally different economic climate within which we operate.

The Government's response is to exhort me to greater effort, to criticise my present contribution, but to offer me no financial framework within which their fine words may be realistically turned into actual deeds. I am only too willing to develop my role away from the dispensary bench, but nothing can be done until future initiatives are financially viable. We have reached the point of no return and the Government must now be convinced, by president Linda Stone, PSNC *et al* that further progress cannot be achieved without adequate funding.

Whitewash

I came down to earth the other day with a bump and a badly dented ego. The National Pharmaceutical Association's highly acclaimed advertising campaign has radically improved the awareness of the public, and I seemed to be enjoying new found respect in the community! That is until, in the shop, when with hero worship in his eyes, a five year old turned to his mother and in an awed but loud voice inquired: "Is that a doctor?" to which she scornfully replied, "Of course not! He's *only* a chemist!" Ah well... back to the drawing board.

Lyclear Creme Rinse Prescribing Information

Presentation Each 59ml bottle of Lyclear contains 1% w/w permethrin plus 20% w/w isopropanol in a creme-rinse base. **Uses** For the treatment of head louse (*Pediculus humanus capitis*) infections. **Dosage and Administration** *Adults and children over 2 years.* Shampoo hair as normal, rinse and towel dry. Shake the bottle thoroughly and apply enough Lyclear to saturate the hair and scalp. Leave on the hair for 10 minutes, then rinse thoroughly with water and dry in the usual way. **Contra-indications, warnings, etc.** *Contra-indications* Hypersensitivity to permethrins, other synthetic pyrethroids, pyrethrins or chrysanthemums. **Precautions:** For external use only. Wear gloves for multiple applications. Only use in children under 2 years under medical supervision. Use in pregnancy only if potential benefit outweighs the possibility of unknown risks. **Side- and adverse effects:** Adverse reactions are infrequent, mild and transitory, and are usually also symptoms of head louse infection. **Basic NHS Cost:** £1.68. **Legal Category:** [P]. Further information available on request. **The Wellcome Foundation Ltd.,** Crewe, Cheshire CW1 1UB. Lyclear is a Trade mark.



Wellcome

LYCLEAR

Permethrin

A single 10-minute treatment for head lice.



*99% overall cure rate after one week.

Eradicating head lice hasn't always been easy or pleasant. But now Wellcome presents a new pediculicide. It's called Lyclear.

Based on the tried-and-tested permethrin compound, new Lyclear is highly effective as a single application creme rinse, and used as easily as a normal hair conditioner.

In fact, just one ten minute Lyclear treatment is sufficient to kill lice and eggs, with the comparative effectiveness of either a 2 or 12 hour malathion application. What's more, Lyclear's strong residual capacity can protect against reinfestation for as long as 6 weeks after use.

Although highly effective, Lyclear has a

pleasant smell, is unlikely to cause eye irritation, has low potential for toxicity or allergic reactions, and being biodegradable is environment and user friendly.

With its recognised cosmetic advantages together with its proven clinical potency, Lyclear is an ideal head lice treatment for every member of the family.

Lyclear is a head lice treatment you can confidently recommend to be quick, effective, and pleasant to use.

NEW
LYCLEAR
C r e m e R i n s e

Kills head lice in just one 10-minute application.

COUNTERPOINTS

Dior look to sensitive skin with Icône

More and more women are complaining of irritation, redness and pricking on the surface of the skin, say Christian Dior, and with this in mind they have added Icône for hyper-sensitive skins to their portfolio.

The company says that today one out of three women suffers from hyper-sensitive skin and claim that Icône peaux reactives helps to "rebalance the defense mechanisms of the epidermis in these cases as well as attenuate the skin's hyper-sensitivity".

The product should be applied either in the morning or evening depending on the skin's "crisis level". It can also be used all year round for constant preventative skin care especially in harsh weather conditions, say Dior.

Icône peaux reactives (£25) comes in a bottle with a pump dispenser that works without injecting air, in order to keep the product pure, says the company.

The pump action also means that the correct amount of product is dispensed each time, say *Parfums Christian Dior*. Tel: 0273 515021.

Scott booklet gives advice for girls

As part of their advisory service, Scott, have just produced a new booklet entitled "Girl Talk" aimed at girls aged between nine and 13.

The booklet clearly communicates to young girls every aspect of menstruation with illustrations say Scott. It also carries details on the Bodyform and Pursepacks brands with an address to write to for samples of product or specific queries on periods. *Scott Ltd*. Tel: 0342 327191.



Bioadhesive Replens for vaginal dryness

Unique is how Columbia Laboratories describe their latest product Replens, which they developed as a result of new research in bioadhesive technology. It is a new type of moisturiser to treat vaginal dryness, a common condition particularly in postmenopausal women.

Unlike gel and cream lubricants which last for only a few hours and do not treat the underlying problem, Replens works at the cellular level, say Columbia. It delivers moisture to the vagina using the mucin-like, anionic polymer polycarbophil. This carries water molecules enmeshed in its structure, attaches itself to vaginal mucosal tissue (bioadhesion), and slowly diffuses moisture to the mucosal cells.

Although polycarbophil absorbs water, it is not water-soluble and does not readily dissolve. This results in moisturisation for up to 72 hours, with the advantages of allowing spontaneous, uninterrupted sex, and providing lasting relief from symptoms such as pain, itching, irritation and discomfort.

Replens is odourless, fragrance-free, and non-staining; it contains no hormones, and does not interfere with contraceptive gels or foams, says the company. It is available in an introductory pack — three single-use, tamper-proof, pre-filled applicators containing a 2.5g dose (£3.45) — and in a box of 12 (£12.99).

Although Replens is classed as a cosmetic, pharmacies are the only outlets through which it can be bought. Columbia expect it will also be widely used by gynaecologists and other specialists, to whom they will be promoting Replens.

On Monday (September 24), pharmacists will receive a free counter display unit worth £16; this will achieve universal distribution at launch, say Columbia. The unit contains four of the introductory packs, which are printed on the inside with a £1-off next purchase coupon, and consumer leaflets.

Pharmacists will also receive a four-page leaflet detailing the product, the market, the company, and support planned. Some 7,000 will be visited during October by Columbia

representatives with incentives to place transfer orders.

Support for Replens, which is already in use in the USA, includes a consumer trial promotion with 250,000 sample packs plus 50p coupons for the first three months after launch. Columbia will be spending more than £4 million over 15 months on advertising in the women's and daily Press and on television.

They promise that the advertisements will reassure sufferers and be tasteful, but straightforward and blunt, in the hope of overcoming the taboo that surrounds vaginal dryness. A help-line for information on the problem has been set up on 0898 345097. More products using bioadhesive technology are in the pipeline, promise, *Columbia Laboratories (UK) Ltd*. Tel: 071-222 7881.

Natural Flow look to skin moisturiser

Natural Flow have added Bi active liposome emulsion to their portfolio — a moisturiser said to help skin feel more supple.

The moisturiser (£23.95) is said to combine highly concentrated plant derived liposomes in an emulsion. It contains vitamin E, hyaluronic acid, glutathione, panthenol and jojoba oil.

Bi active liposome emulsion is hypo-allergenic and comes with a full declaration of ingredients used, say *Natural Flow Ltd*. Tel: 0435 882482/883457.

Windsor Pharmaceuticals no longer distribute Stop Hemo plasters and dressings. Inquiries should be made to: *Les Laboratoires Brothier SA*, 41 Rue de Neuilly, 92000 Nanterre, France. Tel: 010 3314 7242734.

Joint-label packs of Micropore tape and Tegaderm dressing have been repackaged by 3M Health Care and Unichem as part of their repackaging programme this year. *3M Health Care*. Tel: 0509 611611.

New Inoven hits pain where it hurts. All over the country.



Following the successful test market, Inoven from Janssen Pharmacy Division is now available nationally, backed by a £6 million* advertising campaign including nationwide TV and posters.

New Inoven contains only Ibuprofen and is available in tamper evident packs

of 12, 24 and 48 caplets. New Inoven is exclusive to pharmacies so the profits are all yours.

It looks as though it's going to be a painless autumn.

For further information and details of the launch offer contact your Janssen

Pharmacy Division Representative or Janssen Pharmacy Division on 02357 72966, extn. 4418.

*(calendar equivalent) TM denotes trademark

INOVEN
Ibuprofen 200mg
HITS PAIN WHERE IT HURTS

More Build-up

Nestlé Health Care are strengthening their Build-up fortified soups range with new packaging. The re-launch also heralds the introduction of a third flavour — leek and potato.

The new flavour is said to provide a quarter of the recommended daily intake of key vitamins and minerals for normal health as well as protein and carbohydrate. *Nestlé Health Care. Tel: 081-686 3333.*

On the case

Scott Ltd are launching a new case format for their Scotties Mansize tissue brand, said to be specifically designed to meet the needs of the independent.

The new case will carry nine packs of 120 tissues and is said to be more compact and easy to transport and small enough to go straight on shelf. It can also be transformed into a display unit which can also be used on shelf. The company say they will be increasing support for the brand by 50 per cent, with specific promotions for the independent. *Scott Ltd. Tel: 0342 327191*

I'm not very happy with the economy nappies you're selling mum



Do Mum a favour

LOOK OUT FOR ME ON OCT. 6th

Montague Lloyd bring Washy Whale to pharmacies

The Washy Whale range of natural bathcare products previously available only from Holland & Barrett has been introduced into the pharmacy sector.

The range is said to fill a current gap in the market for natural, environmentally safe children's products. It has not been tested on animals and all ingredients and packaging are produced without harming the environment, say manufacturers Montague Lloyd.

The products have been created for children's delicate skin, they say, from natural spring water, coconut derived cleansing agents and nature identical fruits.

Vitalia are introducing "consumer friendly" symbols and new packaging to their range of vitamins and minerals, which will be launched at Chemex. *Vitalia Ltd. Tel: 0442 231155.*

Juno Junipah tablets now come in a pack of 50 (£1.59), say *Torbet Laboratories Ltd. Tel: 0622 762269.*

Washy Whale comprises: bath bubbles (£1.49); mild shampoo (£1.59); and talc (£1.69). Further expansions to the range are expected, including a toothbrush and toothpaste, soaps and bath bombs. This month also sees the launch of the Washy Whale fan club, to try to increase brand loyalty. It includes newsletters, special offers, competitions and letters, says the company.

Support will include features in the children's Press, women's magazines, mother and baby magazines and health titles. While header cards and shelf cards are available for display. *Montague Lloyd Ltd. Tel: 081-591 7057.*

Fiesta Ele-appeal

Scott are launching an on-pack promotion on October 1, the Fiesta Ele-Appeal, which aims to raise £30,000 for Elefriends, the elephant conservation charity.

Three million packs of Fiesta towels will each carry a special Ele-Appeal token. For every one returned, Scott will donate 10p to Elefriends. If three tokens are sent in, Fiesta will add a bonus 20p, donating 50p in total. All consumers sending tokens will be entered for a prize draw, with a first prize of a Kenyan safari holiday for two. *Scott Ltd. Tel: 0342 327191.*

Brushing up

Denroy are set to launch a major national advertising campaign to support their Denman range.

The campaign, which they claim is the first for a brush brand, will include advertisements in a selection of publications including *Cosmopolitan*, *Hair* and 19 magazines. *Denroy International Ltd. Tel: 071-495 6737.*

Booker have relaunched their American Nutrition range in a white pack design with modern illustrations and a bold red band top and bottom, which retain the blue and red brand logo. This is supported with point of sale material including a new leaflet. *Booker Nutritional Products. Tel: 0932 336366.*

The **Vizors** range of sunglasses featured in last week's *C&D* (p440) is available from *GB Products. Tel: 0299 22583.*

AAH get dinky

AAH Pharmaceuticals have introduced a new Vantage 125ml polycarbonate "dinky" feeding bottle to their baby products range.

The bottle (£0.86) is sold in outers of six at a trade price of £3.39, offering a POR of 24.5 per cent.

It is manufactured to British Standards specification and features an "easy-to-handle" shape for comfortable feeding, clear graduations, and a wide neck for easier cleaning and feeding. It holds 4fl oz and comes with cover, cup disc and teat.

■ **AAH Pharmaceuticals'** customers can benefit from a discount offer on orders of eight Sterling Health analgesics, running till the end of October. *AAH Pharmaceuticals Ltd. Tel: 0928 717070.*



Cannon's feeding ring

Cannon have introduced the merry-go-ring, a double-sided ring featuring bright, colourful designs on laminated card, that fits over any size and shape of feeding bottle. It comes in euro-slot packs of two (£0.99), and can be used to encourage a baby to concentrate while feeding, say *Cannon Babysafe Ltd. Tel: 0787 280191.*

Optique have introduced powder trios and powder blushers to their range of eye make-up for sensitive eyes and are also shortly due to bring out a new range of cream eye shadows in pots. *Cosmetics Optique. Tel: 0494 436561.*

NO.1 BEST SMELLER



Last Christmas Brut got right up the competition's noses by being Britain's favourite range of gift sets. And this year's £1.5 million spend on support is certainly not to be sniffed at. So stock Brut and you should get stinking rich.



ELIDA GIBBS • CARING FOR HEALTH AND BEAUTY

A smaller Sorelle

Sorelle, the herbal fruit drink, is now available in a 25cl bottle, say The London Herb & Spice Co.

Research has shown that there is a demand for a smaller bottle, says the company and it believes that the smaller size will encourage more consumer trials.

The smaller size will retail at £0.75 and is supplied in cases of 24 bottles (£11.73 trade). *The London Herb & Spice Company Ltd. Tel: 081-680 8337.*



A flask from Roche

Vitamin manufacturer Roche are offering a free children's flask with every purchase of one large pack or two small packs of their children's multivitamin product Supradyn.

Any consumer making these purchases will receive the flask which features the Supradyn Supro clown logo. *Roche Products Ltd. Tel: 0707 328128*



New supplements from UniChem

UniChem are launching three products into their range of vitamins and food supplements and repackaging the existing range.

The three new products are royal jelly, evening primrose oil and children's vitamins. They join UniChem's existing range of cod liver oil capsules, sparkling vitamin C, multivitamin and mineral caps, multivitamins plus iron, malt extract with cod liver oil, glucose and saccharin.

The packs are part of a redesign for UniChem products. They are characterised by a softer graphic style and coloured caps, enabling consumers to identify the variant they require.

UniChem royal jelly is a one-a-day formulation of 100mg capsules available in containers of 30 (£2.49). Evening primrose oil is also a one-a-day formulation in containers of 30 capsules (£2.59). Each capsule contains 500mg of

evening primrose oil.

Children's vitamins are available in packs of 100 mixed flavour orange and blackcurrant tablets. The round, chewable, one-a-day tablets are sugar-free, and provide 100 per cent of the recommended daily amount of vitamins A, C and D. All three products come in outers of six.

Market research puts the value of the UK vitamin and supplements market at £123.3m, of which independent pharmacy accounts for a 28 per cent share, showing 10 per cent growth year-on-year, say *UniChem. Tel: 081-391 2323.*

Aumcar (UK) are distributing the Tura range of films made in West Germany. The range comprises HR negative films, available in all standard film sizes, colour reversal films (35mm only) and black and white. *Tura Films. Tel: 071-511 3232.*

Lipstickers Too for Elegant Touch

Elegant Touch have followed the launch of their Stickers range with Lipstickers Too, a range of nine new colours to complement this season's collections.

The Lipstickers have been designed with petite hands in mind, says the company and come with a free coordinating mini lipstick.

The nails retail at £2.95 for a pack of 20 nails. *Original Additions Ltd. Tel: 081-573 9907.*

October top ten from AAH

AAH Pharmaceuticals top offers promotion for October covers the following product sectors: baby foods, sanitary protection, sticking plasters, condoms, dental care, anti perspirants, facial tissues, oral analgesics, haircare and catarrh pastilles.

Household names featured in the promotion include Lil-lets tampons, Simplicity sanitary towels, Elastoplast cut plasters, Anadin, Gillette, Natrel anti perspirant and Andrex facial tissues.

Haircare products on offer are the Head & Shoulders range, Alberto one step shampoo and Polyfoam perms.

Also included are Robinsons baby foods, Cow & Gate baby meals, the Reach toothbrush range, the Steradent range, Potters catarrh pastilles and Mates condoms. *AAH Pharmaceuticals Ltd. Tel: 0929 717070.*

SWISS NOURISHMENT FOR BEAUTIFUL HAIR

VISIT
CHEMEX 90
STAND N6

**CLAIM
£20!***

SUPPLIERS' CODES

A.A.H.	PIL 69N
MACARTHYS	498 667
UNICHEM	194 746
And Regional Wholesalers	

*Retail value of 1 x 100 capsules Pil-Food £19.68 (1 month TDS)

PLEASE SEND FOR OUR
NEW POINT-OF-SALE DISPLAYS

Lake Pharmaceuticals Limited.
36 Haven Green, London W5 2NX.
Tel: 081-991 0272 Fax: 081-998 5823



capsules contain vitamins, proteins and millet

FOR MEN AND WOMEN



You'll rest easier this winter if you're well stocked with Karvol.

Our TV commercial has been so successful, it has boosted our sales by 28% over the last 2 years.

Not surprisingly, the campaign is going to be back on air later this year with a £1.1 million spend.

The ad shows how Karvol's vapours unblock a child's nose helping him sleep more easily.

Karvol is available in packs of 10 for new mums



to try out and 20's for more confident mums who already know how effective it is.

If last year is anything to go by, the demand for Karvol will be even greater.

So get ordering. After all you don't want to be kept awake worrying whether you've stocked enough.



Karvol says goodnight to a child's blocked nose.

Max Factor

Max Factor have introduced a range of Christmas gifts sets across their cosmetic and fragrance lines.

Available this month are gift sets from Le Jardin, Le Jardin D'Amour, Geminesse, Blasé and Charlie, with prices ranging from £2.50 to £8.50.

Outdoor Girl gets a range of new compacts for Christmas with a choice of two combinations, for eyes and cheeks or for eyes and lips (both £2.99). Meanwhile, Mary Quant is back in the mini this Christmas with four see-through gift sets. Each set (£4.95), contains lip, nail and eye shades. *Max Factor Ltd. Tel: 0202 524141.*

Gazza for Brut

England and Tottenham Hotspur footballer Paul Gascoigne has been signed up to sponsor the Brut fragrance from Elida Gibbs.

He will be the star of the national advertising campaign which starts in November. *Elida Gibbs Ltd. Tel: 071-486 1200.*

Gillette promotion for sales in seconds

Gillette have introduced a multibrand promotion, available solely through wholesalers Numark and Vestric this Autumn for two months.

Running throughout October and November on all Gillette shaving preparations, blades and razors brands, the new three tier promotion invites chemist outlets to achieve "sales in seconds" by means of extra value packs and free clocks and wrist watches.

Pharmacists who order a

minimum of eight packs across the promoted range are offered a free black ash mantle clock. Orders of 12 packs or more qualify for a wall clock and retailers ordering 18 packs can claim a gentleman's wrist watch.

As a further incentive, Gillette are offering extra value cans of shaving foam (200ml plus 20ml free) and Blue II disposable razors are available in packs of 12 for the price of ten. *Gillette (UK). Tel: 081-560 1234.*

Press call

Eucryl smokers toothpaste is being supported by a £250,000 national advertising campaign this Autumn.

The campaign will run in the national press from September until November and will appear an average of four times in *The Sun*, *Daily Mirror*, *Daily Record*, *Daily Express*, *Daily Mail*, *Today*, *News of the World*, *Sunday Mirror* and *Sunday People*, say *LRC Products Ltd. Tel: 081-527 2377.*

Braun on TV

Braun are investing £5.3 million behind their brand for Christmas with a series of television and Press advertising.

The men's shaver range will benefit from a £1.6m television advertising campaign, while Silk Epil will get a second flight of television advertising this year with a spend of £600,000.

Braun are also producing a new £400,000 television campaign for their pistol grip styler featuring the fingertip diffusers. The Independent will be supported with a £700,000 TV campaign. *Braun (UK) Ltd. Tel: 0932 785611.*

Advertising for Pearl to encourage trial

An advertising campaign for Pearl soap breaks this month in a number of women's and general interest magazines.

The advertising is designed to encourage trial of Pearl among existing beauty soap users and invites readers to send in a wrapper from their usual brand to receive a free bar of Pearl, say *Cussons.*

Advertisements will run in a number of high-circulation magazines such as *TV Times*, *Sunday Mirror*, *Bella*, *Best* and *Woman's Weekly*, reaching close to 17 million readers. At the same time, a "buy two, get one free" offer will run across the whole toiletries range to encourage cross-purchasing. *Cussons (UK) Ltd. Tel: 071-402 3355.*

NOW
NPA RECOMMENDED



28 DAY SET UP
NOW AVAILABLE

TODAY'S MOST ADVANCED
DRUG DISPENSING & DISTRIBUTION SYSTEM

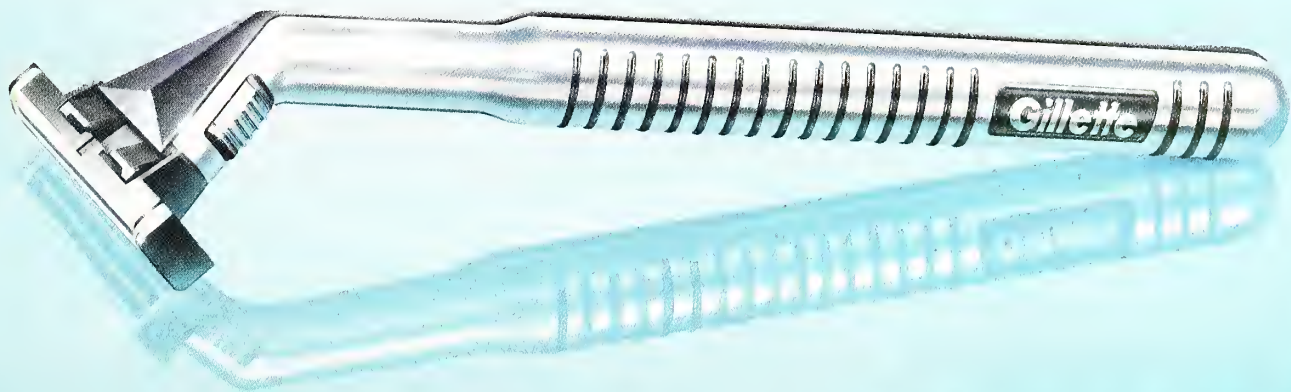
THE ONE
PHARMACISTS HAVE BEEN
ASKING FOR!

Here it is...the one that's available with 7 or 28 day set up. Running costs less than £2 per patient/resident per year (eg. 30 bedroom HOME less than £60 PER YEAR PER HOME). Has NPA recommendation (5% discount). *Now* has its own computer programme available. The one that can be purchased...or leased. It's the one everyone's talking about...and buying!

SurgiChem

SurgiChem Ltd, 4 Ashfield Road, Cheadle, Stockport, Cheshire SK8 1BB
Tel: 061-428 0440. Fax: 061-428 1868

SEE US ON STAND
D13
CHEMEX
90



"BY FAR THE MOST SUCCESSFUL SHAVING SYSTEM EVER LAUNCHED"

If you already stock Gillette Sensor, you'll know just how successful it's been.

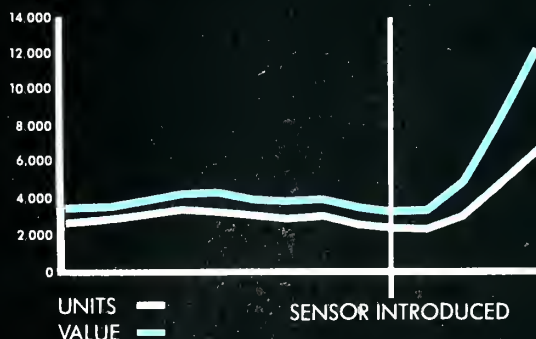
With the record volume growth being exceeded by the value growth, trading up definitely makes sense because higher value sales mean better returns for you.

So not only is Gillette Sensor by far the most successful shaving system you've ever sold, it will also make you more money.



RAZOR MARKET SIZE SCANTRACK

JUNE 89 TO JUNE 90



**BACK ON
TELEVISION
IN OCTOBER**

(£1.9 MILLION SPEND)

Gillette®

The Best a Man Can Get™

Trust E·A·R to plug the gap in the market.

The new hearing protection range from E·A·R comprises two kinds of earplugs - Earfit soft foam earplugs and Aquafit earplugs for swimming.

Attractively packaged, and presented in an eye-catching point-of-sale unit, this new range is all set to make the very most of the £10m hearing protection market- of which £3m is over the counter.

For light sleepers, nightshift workers, sportsmen and women, Earfit greatly reduce levels of unwanted noise, while Aquafit assist the ear's natural defences for anyone involved in water activities.

Earfit and Aquafit - fit for all your customers and fit for profit too!



E·A·R®

E·A·R UK Ltd., First Avenue, Poynton, Stockport,
Cheshire SK12 1FJ.
Tel. 0625 878320 Fax: 0625 877348 Telex: 665303
Distributed by E.C.De Witt & Company Limited, Tel. 081 441 9310.

COUNTERPOINTS

Seven Seas offer holidays with latest competition

Seven Seas are promoting their Seven Seas range with a variety of competitions for pharmacists and their assistants. They will also be offering pharmacists the chance to help a child in their local community.

Throughout October the Seven Seas sales force will provide window display material. Pharmacists are asked to dress a window and send a photograph to Seven Seas, when they will automatically earn a watch as well

as have the opportunity to win a holiday for two worth £1,500.

The winner will also be asked to nominate, from among their patients, a child with arthritis. The child will receive a free trip to Greenland to visit Father Christmas.

In addition there are three runner-up prizes of European weekends for two. The competition closing date is December 5. *Seven Seas Healthcare Ltd. Tel: 0482 75234.*

LRC support Marigold glove range

LRC are running a cut price promotion across their Marigold glove range exclusive to the independent.

Next month consumers can make savings of £0.31 on a pair of Marigold extra life, £0.25 on a pair of light touch plus and £0.38 on the fleur gloves. The prices will be highlighted by on-pack stickers, says the company.

Trade prices for the gloves during the promotion will be: extra life £5.88 (12); light touch plus £5.29 (12) and fleur £6.48 (12). *LRC Products Ltd. Tel: 081-527 2377.*

Unichem joins Mars

Unichem are launching a Christmas promotion for selected own-brand products.

The company has joined forces with Mars confectionery to offer a free Mars Christmas gift pack to consumers in return for six proofs of purchase from a range of 40 Unichem own-brand children's and family products — among them are best-selling Unichem lines such as nappies and tissues.

For the independent, Unichem are offering 17.5 per cent discount off trade when 15 packs of the 40 Unichem products included in the promotion are purchased and a free case (four dozen) of Mars luxury Christmas crackers which are worth £25.96 at retail. *Unichem. Tel: 081-391 2323.*

ON TV NEXT WEEK

GTV Grampian
B Border
BSB British Satellite
Broadcasting
C Central
CTV Channel Islands
LWT London Weekend
C4 Channel 4

U Ulster
G Granada
A Anglia
TSW South West
TTV Thames Television
TV-am Breakfast
Television

SK Sky
STV Scotland (central)
Y Yorkshire
HTV Wales & West
TVS South
TT Tyne Tees

Aquafresh toothpaste:	All areas BSB & Sky
Efamol Evening Primrose Oil:	TVS
Empathy:	U,Y,C
Inoven:	All areas inc Sky and BSB
Loving Care:	U,STV,C,HTV,TTV,TT
Mentadent toothpaste:	All areas inc Sky except TV-am
Mum deodorant:	All areas
Nivea Lotions:	STV,Y,C,A,HTV,TSW
Nurofen:	All areas
Sanatogen Cod Liver Oil:	G,Y
Savlon:	All areas
Tums:	All areas



TRUST THE POWER OF THE KODAK **X**TRALIFE BATTERY PROMOTION



Your customers can receive up to 3 FREE

Kodak E180 Video Tapes when they send in
proofs of purchase from the special promotional
packs of 'Kodak' XTRALIFE batteries.

Stock up now and generate extra value for your
customers, extra sales and extra profit for you.

Kodak
XTRALIFE

Kodak, and Xtralife are trade marks.

OFFER CLOSES 31.5.91.

Efamol goes to Windsor with a 'V'

Britannia Health Products have appointed Windsor Pharmaceuticals as their distributor for the chemist sector.

Windsor will now exclusively handle the Efamol range of evening primrose oil and the Vitabrit range of beta carotene health supplements.

Windsor are taking on the Efamol range at a time when it is about to return to the television screens, appearing on TVS for four weeks during September.

■ The Vegetarian Society has authorised Efamol to use their "V" trademark on both the 10 and 30ml bottles of evening primrose oil.

The sign indicates that the oil is free from any processing techniques and additives unacceptable to the Vegetarian Society.

The oil can be taken on a teaspoon or sprinkled onto food. For children with eczema it can be applied directly to the skin. Distributor Windsor Pharmaceuticals Ltd. Tel: 0344 484448.

Brewhurst FC

Brewhurst Health Food Supplies are to sponsor Bradford Northern Rugby League Football Club for the 1990/91 season.

Under the sponsorship agreement, Brewhurst will supply a range of Twin Lab products for use by all the players and are also employing Scott Adams, who is a qualified sports nutritionist. *Brewhurst Health Food Supplies Ltd.* Tel: 0932 354211.

Heartcare by Healthilife

West Yorkshire supplement manufacturers Healthilife have launched Heartcare, a new product combining fish oils and garlic in an odourless garlic preparation.

In packaging featuring the Heartcare logo, the line retails at £5.99 for a month's supply of 60 capsules. Two capsules, the recommended daily dose, provide pure fish oil 1,000mg and salmon oil 90mg, containing EPA 324mg and DHA 216mg, and garlic oil 4mg. *Healthilife Ltd.* Tel: 0274 595021.

Zineryt goes to GPs

General practitioners can now prescribe Zineryt, Brocades' topical acne treatment launched to hospital doctors in July (*Specials*, July 14).

The lotion contains zinc 1.2 per cent and erythromycin 4 per cent. Brocades say that Zineryt's "two pronged attack" makes it as effective as oral antibiotics and more effective and faster acting than other topical antibiotic treatments. *Brocades (GB) Ltd.* Tel: 09323 45536.

BRIEFS

Nystan oral tablets are being introduced in a 56 pack (£4.70 trade), which replaces the 28 tablet size. *E.R. Squibb & Sons Ltd.* Tel: 081-572 7422.

Schering have added Ultravist 150 to their range. The non-ionic X-ray contrast medium contains 150mg/ml iodine in ten 50ml bottles (£113.01 trade). *Schering Health Care Ltd.* Tel: 0444 232323.

Sterling Winthrop have introduced a 100 tablet pack of Motilium (£8.17 trade). *Sterling Winthrop Group Ltd.* Tel: 0483 505515.

CP say that owing to a change in branding policy for their Stesolid range, the rectal tubes will have "diazepam" emphasised on the cardboard carton, although the tubes will remain the same in appearance and formulation. The injections will no longer be branded Stesolid; they will be sold as diazepam injections. *CP Pharmaceuticals Ltd.* Tel: 0978 661261.

Stuart have introduced Monit SR 40mg tablets, a once daily presentation of isosorbide mononitrate in blister calendar packs of 28 (£10.50 trade). *Stuart Pharmaceuticals.* Tel: 0625 535999.

The pack sizes of **Brasivol** fine and medium are being changed to 75g; trade prices remain unchanged. *Stiefel Laboratories (UK) Ltd.* Tel: 06285 24966.

IMS have re-introduced their 10mg/ml presentation of morphine sulphate in 2ml Min-i-jet units (£5.50 trade), for emergency use. Min-i-jet morphine is available from the company or its agents, Gees Generics (Tel: 04204 87501). *International Medication Systems (UK) Ltd.* Tel: 0327 703231.

Acepril and **Acezide** move from Duncan Flockhart to Squibb from October 1. Packs and prices are unchanged. *E.R. Squibb & Sons Ltd.* Tel: 051-677 2201.

NEW

from

POWER HEALTH

Power Healthcare now offer all these popular lines in their exclusive easy to swallow DISCAP™ range.

Garlic Perles - Cod Liver Oil standard and one-a-day - Evening Primrose Oil - Vitamin E 100iu and 200iu - Plus many more.

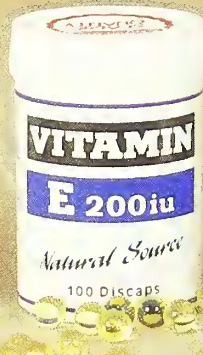
DISCAPS™

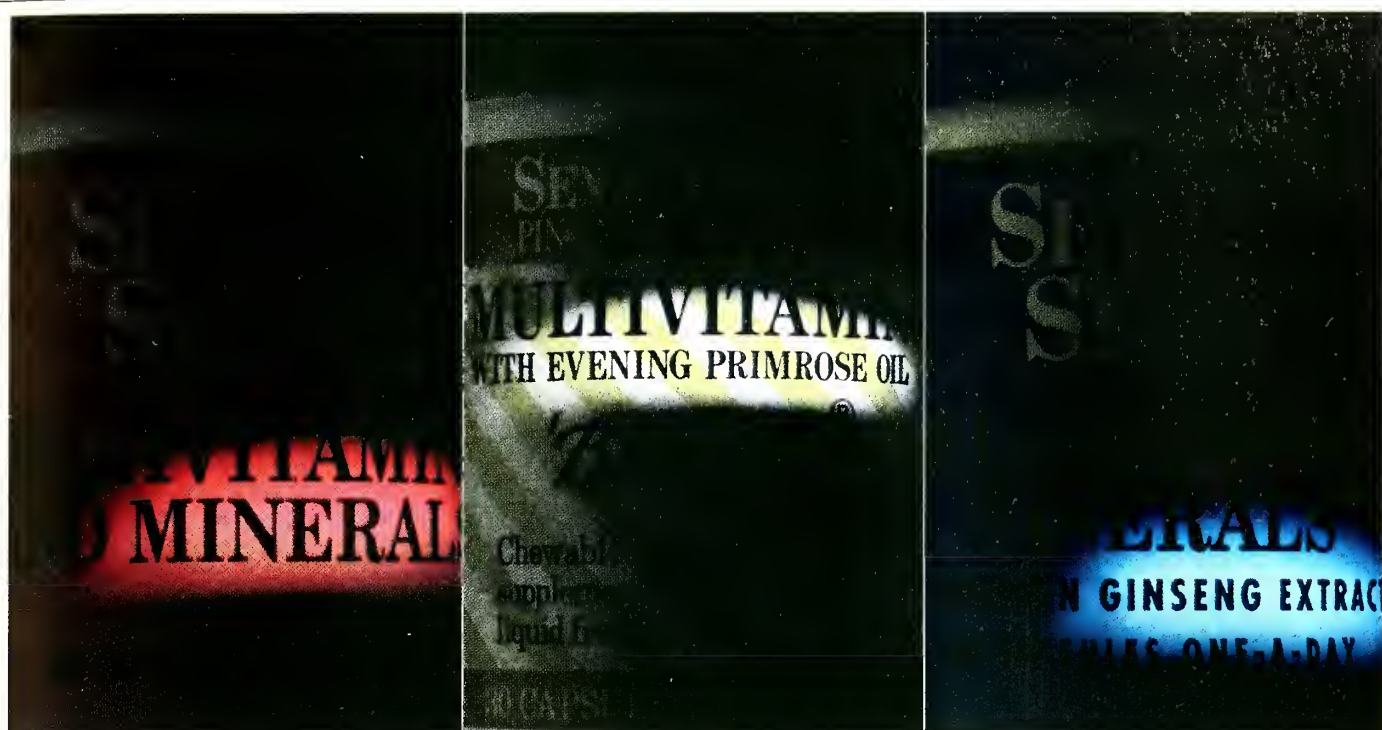
Directly injectable seamless capsules.

Made to exacting standards using only premium quality ingredients.

**POWER
HEALTH**

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Tel: (0759)302734 Fax: (0759) 304286.





The *only* range of Multivitamins with these *added* benefits.

When it comes to health supplements nobody gives your customers more choice or more value than Seven Seas.

Take Multivitamins, for example. (Millions of people do.) In our range there's a product for everyone.

One with added minerals, one with added Ginseng, and one with added Evening Primrose Oil.

Available in natural easy-to-swallow capsules and the increasingly popular and totally unique fruit flavour Berries format. But it's not just what



SUPPORTED BY £1½ MILLION
NATIONAL TV AND PRESS CAMPAIGN.

we put in them that ensures our supplements keep moving off your shelf. It's what we put behind them too.

A £1½ million nationwide TV and press campaign in

support of supplements starts this September. So make sure you stock up with the brand leader.

Seven Seas – the number one choice for vitamin and mineral supplements.

SEVEN SEAS

The Multivitamin Range

Seven Seas, Hedon Road, Marfleet, Hull HU9 5NJ.

Women these days demand more than ever from skincare products. It's not enough to be hypo-allergenic and non-perfumed. They'll insist that it's not tested on animals, nor made from any animal by-products. Or to put it another way, they will insist it's Innoxia. Try the Innoxia treatment on your business. Especially as we're about to break with a national relaunch advertising campaign, PR and promotional support. And provide new merchandising units, new stockist support packs and free product training. Send off the coupon now and one of our field force will fix up an appointment. You'll certainly have more sensitive women in your life. Not to mention in your pharmacy.

See us on Stand F32 at the Chemex Fair.

If you're not meeting enough sensitive women,





I
N
N
O
X
A

send us your name and address.



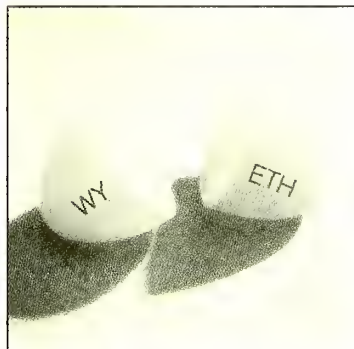
Name

Address

Tel

Send to Innox, Glopec House, Hawthorn Road,
Eastbourne, East Sussex BN23 6QX Tel 0323 641244

NEW WYETH Gel filled TEMAZEPAM CAPSULES



THE SAME BUT DIFFERENT

Gel-filled to reduce the risk of
intravenous drug abuse

Bio-equivalent to the liquid-
filled temazepam capsules
which they replace

In 10mg and 20mg strengths
gel-filled capsules are
marked 'W10' and 'W20' to
distinguish them from liquid-
filled capsules. Packs are
clearly labelled 'gel-filled
capsules'

DISPENSE WYETH TEMAZEPAM

Now available as abuse resistant tablets or
gel-filled capsules

TEMAZEPAM GEL-FILLED CAPSULES

Prescribing Information

Presentation: Temazepam 10mg and 20mg in gel-filled opaque yellow soft gelatin capsules. **Indications:** Short-term treatment of insomnia (up to four weeks). **Dosage:** Adult: 0-30mg, half an hour before retiring. In all cases the lowest effective dose should be used and treatment should be intermittent if possible. The dose may be increased to 40 or 60mg in patients who do not respond to the lower dose because of severe or persistent insomnia. Treatment should be withdrawn gradually. Elderly: Elderly patients or those suffering from cerebral vascular changes such as arteriosclerosis are likely to respond to smaller doses, possibly half the normal adult dose. Children: Not recommended. **Contra-indications:** Sensitivity to benzodiazepines; acute pulmonary insufficiency. Not to be used during pregnancy and lactation unless clinically justifiable. **Precautions:** Concomitant administration with alcohol or CNS depressants may accentuate effects. Prolonged or excessive use may lead to dependence and withdrawal symptoms on cessation of therapy. Patients should be cautioned against driving or operating machinery until it is established that they do not become drowsy or dizzy. Rarely amnesia, paradoxical aggressive reactions, depression and suicidal tendencies have been reported. Psychological adjustment to loss or bereavement may be inhibited. **Side-effects:** Drowsiness or dizziness on waking is rare. Morning headaches, transient rashes and gastro-intestinal disturbances have occasionally been reported. **Legal Category:** POM. CD, SCH 4. **Packs and basic NHS cost:** 10mg - 500 £12.06, 20mg - 250 £10.52. **Product License Numbers:** 10mg P/0001/0104, 20mg P/0001/0107. Further information is available on request. Wyeth Laboratories, Taplow, Maidenhead, Berks, SL6 0PH.

**WYETH
GENERICS**

*trademark

Responsible reading

I read with interest the article by Mr G.E. MacCaghrey, chairman of the Association of Optometrists (C&D Sept 8). The main thrust of his argument appears to be that pharmacists should not be attracted by offers to become involved in dispensing spectacles.

As a tangent to this central theme, he argues that the deregulation of reading glasses has led to sales to people under 16, which he rightly states is illegal, and sales to persons under the age of 40 who are unlikely to be suffering from presbyopia.

He fails to substantiate or quantify this argument but even so, is he implying that pharmacists are involved in breaking the law and acting in anything less than the customers' best interests in not referring doubtful cases to the nearest optician?

My company has led the way in taking an ethical approach to the sale of reading glasses and is the only company with a pharmacy only distribution policy. We have done this because we trust the pharmacist to act in the consumer's best interest.

Mr MacCaghrey goes on to claim that wearers of ready made will often not attend for eye examinations. Again the claim is unsubstantiated and contradicts totally independent research from long established markets such as the US which show identical rates of eye examination between wearers of ready made and wearers of prescribed glasses.

We would agree that "the *sine qua non* of the professional person is that the best interests of the client override the financial interests of the practitioner". It surely follows that within the best interests of the client is the value that quality ready made reading glasses provide in safely overcoming the inevitable

problems of small print for the vast majority of over 40s.

Colin M Whybrow

Managing director, Grett Optik

A question of quality

As a "new pharmacist bubbling with enthusiasm", I find myself compelled to reply to Northern Ireland Notebook published anonymously (C&D September 1) regarding the quality of new pharmacists in the Province.

I find myself surprised at the attitude taken regarding the teaching of pharmacy undergraduates. Certainly there is an emphasis on learning facts, but as these are learnt then more time is spent applying them to practical situations.

We are, however, taught to be aware of the more serious underlying complaints, drug abuse and prescription forgeries. Surely in the age of "Ask your pharmacist for good advice" we all need a background knowledge of illnesses to help and advise our patients.

I do agree that after one year in practice we are relatively inexperienced, but then experience only comes with time and cannot be taught. We, as part of an ever advancing profession in every respect, should be learning the whole way through our careers. Certainly unfamiliarity with local prescribing causes problems for locums, and generally those locums who give the best service have local experience to some degree.

In finishing, I have three points which your columnist may wish to consider: unlike some, I am prepared to put my name at the bottom of this letter; many of us could sell snow to the Eskimos;

and finally, why not become a preregistration tutor? In this way you will be giving something back to the profession and, maybe, also training young pharmacists "to do the job".

D. John Clark

Also a N. Ireland community pharmacist, Belfast

Thank you

The Liverpool Chemist Golfing Society would like to formally thank Crookes Healthcare for their generous sponsorship of our Captain's Day held at Ormskirk Golf Club on September 5. All members of the Society are full supporters of Crookes and always will be.

Eric Goodwin

Treasurer, Liverpool Chemists Golfing Society

A rod for our backs?

It is not often that I find myself so totally in disagreement with Xrayser as I do over his article on Dianette. This product has no licence for use as an oral contraceptive. The only person who can take on the responsibility for prescribing a medicine for an unlicensed treatment is the doctor — not the patient, and certainly not the pharmacist!

We have enough opportunities during the working day to take the easy option. We can return partly filled private scripts which have no repeat, we can dispense phenobarbitone scripts incorrectly written and so much more as long as we don't inconvenience the patient or the surgery.

On top of this Xrayser wants us, or by example, forces us to either put our hand in our pocket (not a deep one these days) and pay the patient's tax ourselves, or phone up and interrupt the doctor in his surgery and then spend time and money returning the script for endorsement.

I, Sir, have more professional activities to accomplish. If Madam wishes her Dianette for no charge let Madam, not me, go back to the doctor to sort it out.

Please can we all realise that, by always taking the easy option, we make a rod for all our backs.

S.A. Worden

Wokingham

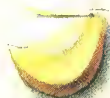


John Fowler, editor of Journal of Pharmacy and Pharmacology and a long standing member of the BPC Science Committee, is retiring next year. Conference science chairman Professor Ian Kellaway presented him with a pair of binoculars to help him indulge in his hobby of bird watching at the closing session of the BPC in Cardiff

If you think any other Evening Primrose Oil has the edge on EPOC, then we'd like to sow a few seeds of doubt.



EPOC comes from the Evening Primrose Oil Company, one of the first and most experienced companies in this field.



EPOC Evening Primrose Oil contains over 10% of its fatty acids as GLA (gamma-linolenic acid) and includes a small quantity of Vitamin E to maximise its availability in the body.



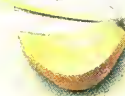
The Evening Primrose Oil Company directly controls every stage of cultivation and production, ensuring the quality and purity of oil in all EPOC products.



A new 'one-a-day' 1000mg capsule has been added to the EPOC range to give your customers even more choice.



Furthermore, we grow virtually all our evening primrose crop in this country, making us the largest producer of high quality Evening Primrose Oil in the United Kingdom.



The EPOC range has been relaunched in attractive packaging to transmit this message of quality to your customers.

Finally, we are spending £300,000 on a consumer promotional and advertising campaign to establish EPOC Evening Primrose Oil as the finest that money can buy. So stock up with EPOC now and watch your profits grow. EPOC - from the Evening Primrose Oil Company.



Evening Primrose Oil Company Limited, 116-120 London Road, Oxford OX3 9BA.

Setting a flair for hair

Worldwide, the haircare market is expanding. As consumers express ever-increasing concern over the way their hair looks, manufacturers continue to satisfy their needs. There is more variety in the market than ever before and nowhere is this seen more clearly than in America. With a little help from the Bristol Myers head office in New York, C&D looks at the trends.

"If you can get away with it, wear it!", seems to be the overriding theme in the US, where on the one hand styles are becoming bolder and more outrageous, and on the other a sleeker, more professional look is fighting its way to the fore. It's a case of "anything goes" and nowhere is this more evident than in the home colorants sector.

Figures from US Clairol Colorants reveal that the colorants market in the US was worth \$650m in 1989, showing a growth of 24 per cent from 1985. This compares with a market worth £63m for a similar period in the UK.

Commenting on these figures, Bette Zarat, director of marketing (US) says: "It's clear that women here are using hair colour to help them feel better about themselves. Using hair colour is an emotional thing — an evolution towards self-confidence." At first glance, this would seem quite an assumption, but figures released from Clairol seem to support the theory. Last year over 40 per cent of all American women between 13-69 used hair colour and of that percentage, almost 70 per cent of that usage was at home. Breaking the market down even further, figures show that 36 per cent of these women use hair colour to cover grey, 37 per cent to enhance their natural looks and 27 per cent use highlights or colour for special effects.

This coincides with the views of manufacturers in the UK who believe that there is a growing desire among consumers to keep grey at bay with colorants, and who predict that the 45 to 54 age group will show the fastest growth over the next year.

The colorants market here has grown by a meagre 4 per cent over the past year and in real terms seems to be in a state of long term decline. The picture in the US meanwhile could not be rosier. Bette Zarat believes that by the year 2000 the number of female hair colourant users is projected to increase by 14.5 per cent. "Women here want to experiment, they want to either enhance what they've got or go for something totally radical". She explains that although blonde was the most popular colour in the US last year, this year stronger, warmer red shades are making their mark. The warmer shades also seem to be making their mark here in the UK, although blonde highlights are still a favourite, especially during Summer months.

Black women play a far more important role in the US colorants market with almost 40 per cent of all black women aged 13 to 69 using colorants. Hispanic women use colours at a 50 per cent penetration.

Exploiting the market

With such encouraging statistics, the potential for development within the US colorants sector is vast. As manufacturers exploit this market, Clairol have come up with a unique concept that could set the scene for future



developments here in the UK. Without a doubt, deciding on a change of hair colour is a dramatic step to take. Most people at some stage in their lives have wondered what they would look like with a totally different colour — Clairol claim to have come up with a simple means to achieve this with their computer system, Colour Visions. This allows consumers to preview hair colour shades from blonde to black without putting even a hint of a tint near their hair!

Customers simply sit in front of a video camera and their image is transferred onto a video screen, then any colour that might appeal to them can be super imposed over their own hair. "This contemporary viewing technique is far superior to trying on wigs or holding hair swatches up to the face", says Lisa Carvalho, manager of consumer education. The machine produces before and after shots so a redhead can turn blonde at the press of a button.

Clairol (US) claim that this is a first computer application to hair colouring and claim it shows perfectly what kind of hair colour works best with particular features and hair and eye colours. A special software package exactly duplicates the Clairol range of shades and so helps customers with product and shade selection. A light sensitive lens in the camera renders sharp resolution images on a coded digital screen that gives instant readings of the face. This machine currently tours department stores and larger pharmacies in the US, and, according to Clairol is being "very well received" by customers.

But what of its potential for the UK market? A spokesman for Bristol Myers here says: "We have no immediate plans to bring

the Colour Visions computer to the UK but a smaller in-store computer to help consumers select the correct shade will be installed in selected outlets later this year. The colour visions computer has proved extremely popular in the US and the feasibility of bringing this technology to the UK is being investigated."

Setting the trends

Meanwhile, what about the various shades, colours and styles that are currently hitting the US? In many ways, they provide a preview of what we will see emerging here in the UK over the next year. However, in a lot of cases, similar trends have already arrived. According to Clairol, there are several very distinctive looks emerging for the 90s. As with the UK, short hair is definitely "in" because of its ease and versatility, married with elegance and sophistication. Also emerging are ear length styles that appear to be both long and short with a definite emphasis on condition. Hair is used to make a statement while at the same time being totally wearable.

Long hair still seems to be a favourite out on the streets, but condition is of the essence and volume is still important. The perm is still very much in evidence but it is softer and more natural looking — used to create volume rather than curl. Hair in the US is highly styled, but never gimmicky.

Colours are as varied as styles — harsh blonde seems to be definitely passé and warmer, more natural tones are making their mark. Jewel-toned red colours are very popular — on the whole they tend to be soft and feminine and are usually used to emphasise a natural red or brown colour. Golden tones tend to be woven into all hair shades and also predicted to take off this year is light hair with dark tips to give the look of fur, known as the "minking technique".

Men who know what they want

Finally, men in the US seem to be coming out of the closet even faster than they are here. According to Bette Zarat: "Men now know what they want when it comes to their hair and its style and colour and they are no longer afraid to go out and get it". She expects the number of male colorant users to increase by 15 per cent over the next decade. As with the UK market, men seem to use colour mainly as a means of covering grey — a reflection of an ever increasing social pressure to look young.

Many of these trends will probably raise their heads over the next year or so in the UK, however, a look at the US market shows that the UK consumer is certainly keeping abreast of current styling trends and in many cases is already ahead of them. With the total market here valued at £169m and growing, it seems that this is set to continue.

Would you like to improve your profitability?

Yes, then let us show you how!

■ STATE OF THE ART TECHNOLOGY

John Richardson Computers, after many years perfecting the pharmacy labelling system, are taking their expertise into the front shop, and are introducing the NEW, exhaustively tested, state of the art, Electronic Point of Sale System, JRCpos, to community Pharmacy.

■ INCREASED PROFITS

JRCpos, a powerful, leading edge, compact, self contained Electronic Point of Sale till, will have a significant effect on increasing the profits you obtain from your retail business.

■ SUBSTANTIAL COST SAVINGS

The JRCpos system will also enable you to make substantial cost savings. These savings will be in respect of your stock holding, on over the counter goods. It will also at the touch of a button identify the slow moving unprofitable products.

■ AUTOMATICALLY GENERATED ORDERS

Orders will be automatically generated by the JRCpos system, based on your re-order level instruction.

■ POSITIVE ADVANTAGES

There are many more positive advantages to JRCpos systems, which have been designed with the community pharmacist in mind.

- For more information, or a demonstration, please contact Cliff Whitehall, JRCpos, John Richardson Computers Ltd., St. Benedict's House, Brown Lane, Bamber Bridge, Preston. Telephone: (0772) 323763.



Made for the Profession, by the Professionals.



On labels and inscriptions...

With the ubiquitous plain label for all dispensing and labelling purposes, we have forgotten the whole host of more colourful and descriptive labels that were used not so long ago.

I suppose you could say there were a lot of labels — too many in fact. We had all the dispensing labels, printed in black for mixtures, red for external use only items and green for gargles and mouth washes, and so it went on.

More imagination was used in the wording on the labels of proprietary products detailing the variety of benefits in taking cod liver oil, liquid paraffin or even sennapods, for example. But on nostrums and specialties as sold by a particular pharmacy, the artists often really went to town. Some older labels were large and ornate, and the language flowery to emphasise the quality of the product and the integrity of the pharmacist who prepared it.

"The Finest Drugs", "The Purest Ingredients", "The Most Careful Preparation", were common descriptions. There was much scope, before the Medicine Acts, to describe preparations as being "The Only Real Treatment", "The Finest Remedy" and, of course, "The Cure For..."

Chemists' calling cards

Old pharmacy labels, as well as being of interest to students of the history and to collectors, are a source of social history. They tell us of products we are no longer permitted to sell, and of pharmacies now gone forever — replaced by office blocks or supermarkets.

In a way labels were the old chemists' calling cards. Like the mustard left on the side of the plate, there must have been great wastage. Labels were often ordered in 5,000 lots for commodities which may have only sold in dozens.

I started collecting pharmacy labels many years ago when I first did locum work. I carried a day book, in which I would jot down points about the particular pharmacy where I was working. I then started to include a few representative labels, mainly to serve as a reminder of the place. My interest grew, and as the number of labels multiplied I began to collect on a wider basis.

Colleagues and those with whom I corresponded would send me assortments of their own particular labels, as well as those relating to previous owners. Some years ago a collector wrote to me from Suffolk, sending a large and interesting selection. I returned the compliment by sending him a good selection of my spares. We have maintained a correspondence to this day. He is now engaged in filling his 21st volume of labels.

I have also corresponded and exchanged labels with pharmacists in France, Australia, Canada and Singapore. I have an interesting set of labels from Russia and also labels for Daffys Elixir, Syrup of Pine, Tincture of Steel and Chlorodyne, Irish Slate, Decoction of Haws, Crab's Eyes, and Whale Oil. Four of my favourites are Gallipoli Oil, Calais Sand, Foxes Lungs, and an "Inhalation" label from L. Rowland & Co Ltd Chemists, Chirk — established in 1810 when George III was King...



Douglas' BACK & KIDNEY MIXTURE

Kali Nit. 1%, Kali Bic. 4%, Henbane Tinct. 6%, Buchu Inf. 8%, Trichlor Methane 0.01%. No proprietary rights are claimed in the manufacture of this preparation.

CURES the ACHE. RELIEVES the KIDNEYS. STRENGTHENS the BACK.

Best known Remedy for RHEUMATISM, SCIATICA, GOUT, GRAVEL, SWELLINGS.

DOSE.—One table-spoonful in water, three times a day

DOUGLAS (Chemists) Ltd.
Dispensing Chemists
73 UPPER STREET, N.1.
(Opposite Islington Green)
& AT 83 BARNBURY ROAD, N.1



BLOOD PURIFIER

Highly recommended for Eczema, Scrofula, Boils, Pimples, Abscesses, Ulcers and all Skin Eruptions arising from an impure or anæmic state of the Blood.

DIRECTIONS.

FOR ADULTS, one table-spoonful. FOR CHILDREN, from one to two tea-spoonfuls, in a little water after each meal.

R Ferri et Ammon. Cit. 3.44%, Potass. Iod. 1.46%, Inf. Gent. Lutea Co. Conc. 2.78%, Glycerol. 4.11%, Trichlor. Methane 0.25%. Aq. ad 100.



Parrish's Syrup or Chemical Food


B.P.

A Compound Syrup of Phosphates of Lime, Iron, Potash and Soda.

An excellent General Tonic, Blood Enricher and Bone Nourisher. Especially suitable for Growing Children and Delicate Adults.

DOSE

Adults: One or two teaspoonfuls in a little water after meals.
Children: Half to one teaspoonful

A large photograph of a middle-aged man with a friendly expression, giving a thumbs-up gesture with his right hand. He is wearing a light blue button-down shirt.

All indigestion remedies are not the same

Clinical studies^{1,2} show that Liquid GAVISCON[®] provides significantly greater relief of reflux-symptoms than conventional or dimethicone-containing antacids. So it's not surprising that Liquid GAVISCON is the No 1. pharmacy-recommended brand for the relief of indigestion and heartburn.³ When you recommend Liquid GAVISCON, you recommend a highly effective treatment. And that means many satisfied customers — and satisfying profits, too!

The No 1. Pharmacy-Recommended Brand.³

Gaviscon[®]

A green graphic of a hand giving a thumbs-up, which is part of the Gaviscon brand logo.

Liquid: Sodium Alginate BPC, Sodium Bicarbonate Ph.Eur., Calcium Carbonate Ph.Eur.

*faster, more effective, longer-lasting
relief than antacids^{1,2}*

UNDER PRESCRIBING INFORMATION LIQUID GAVISCON[®] Sodium Alginate BPC, Sodium Bicarbonate Ph.Eur., Calcium Carbonate Ph.Eur. **Indications:** For the relief of heartburn and indigestion due to gastric reflux. **Active Ingredients:** Sodium Alginate BPC, Sodium Bicarbonate Ph.Eur., Calcium Carbonate Ph.Eur. **Dosage Instructions:** Adults and children over 12: 10-20ml after meals and at bedtime. Children under 12: 5-10ml after meals and at bedtime. **Contra-indications:** There are no specific contra-indications. **Further Information:**



Liquid Gaviscon contains 6.2mmol sodium per 10ml. Liquid Gaviscon is sugar-free. **Retail Price:** (July 1990) 200ml £2.25, 300ml £2.99. **Product Licence No:** 14/0058. **Reference:** 1. Data on file, Reckitt & Colman Pharmaceuticals (Final Trial Report, November 1984). 2. Chevrel, B. *J Int Med Res*, 1980, **8**, 300. 3. Counterpoint, Taylor Nelson. Further information is available on request. Reckitt & Colman Pharmaceuticals, Hull, HU8 7DS. ^{*} GAVISCON is a registered trade mark. Stomach device is a trade mark.



Aussie block comes to the UK

Sun Distributors have been given the concession for Aussie Bloc cream and Aussie Bronze suncare products.

Aussie Bloc contains zinc oxide and offers maximum protection against the sun; it is available in fluoro colours and "shades of Summer". The Aussie Bronze range includes oils and lotions with a variety of sun protection factors, plus moisturisers and gels to help replace the body's natural oils. Tel: 05036 2972. Stand R5.



Colorama focus on Ferrari

The focal point of Colorama's stand J19 will be one of the two red Colorama Ferrari cars with the company name emblazoned across the bonnet plus photographs of the cars at high speed recently commissioned

Research literature on the benefits of chewing gum and free samples of Wrigley's Extra and Orbit sugar-free gums will be distributed from Wrigley's stand C19. Tel: 0752 701107.

from top photographer Richard Cooke.

Details of Colorama's plan to expand to a nationwide service by 1991 will be presented during their first appearance at Chemex. Tel: 071-261 1082.

Ramer expand range size

Ramer Trading have expanded their range to include sunglasses, aromatherapy oils, jewellery and gifts.

At Chemex they are launching the Pierre Cardin range of sunglasses which, unlike many designer label products, are said to be competitively priced. Home Spa aromatic oils are ready mixed and supplied with a counter display stand, while Pot Pourri's hand-made silk jewellery offers many different designs of necklaces, earrings and brooches.

The Exceptional Bag Co presents two gifts — the Frij, a cooler bag from Australia and the Wellybag for dirty "wellys". Tel: 0932 821910. Stand H17.



Portable television is Swaddlers prize

Swaddlers are offering a raffle prize of a portable remote control colour television. Visitors will be able to enter their names into the draw when placing orders for Togs or Cares on stand F17. The draw will take place at 4.30pm on

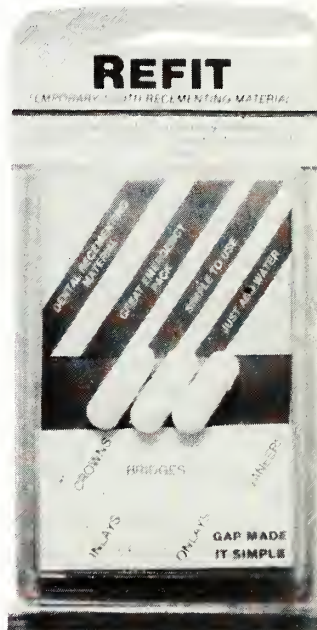
September 24.

Further special offers will be available to pharmacists during the exhibition, including Marks and Spencer vouchers, point of sale material and other gifts. Tel: 091-4825566.

A temporary solution for cap loss from GAP

GAP Research Co are introducing Refit, a temporary dental cement for refitting dislodged dental caps. The cement is supplied in plastic capsules and is activated by the addition of clean tap-water. No dispensing on to a mixing pad or contact with the material is needed; once activated the cement is squeezed directly into the cleaned dental cap which is then resealed on the tooth.

The active ingredient is a modified zinc polycarboxylate, a cement commonly used by dentists, but it mixes more easily and has reduced adhesion. The manufacturers stress that its use should only be temporary and it is not recommended for the recementation of live broken teeth. Tel: 0322 846920. Stand B20.



Bourjois offer a make-over

Bourjois will be offering visitors to Chemex the opportunity of a new make up, with appointments each half hour on stand P23 with two professional make up artists. There will be prize draws for boxed selections of Bourjois colour cosmetics each day.

Bourjois' new television commercial — to be screened later this year — will be on video on stand for visitors to preview.

Bourjois' new Autumn seasonal colour promotion

"Rendez-vous" will be displayed, as will new products and packaging: Poudre de Soleil bronzing powder and Poudre Leger loose powder, together with a newly designed and revitalised free standing unit, highlighting Bourjois' top selling shades and products. Teint Leger Mousse, a new high performance make up, will be previewed at Chemex '90, and is due on counter early 1991. Tel: 071-499 2605.



UCAR SOLVE THE MYSTERY OF THE MERCURY FREE LONG LIFE ALKALINE BATTERY



The puzzle is over. At last the world's first long life alkaline battery with 0% mercury and cadmium content has arrived. Thanks to the largest battery manufacturer in the world . . . and its new UCAR alkaline batteries.

Up until now alkaline batteries have provided everyone with a superior portable long life power source . . . but unfortunately, depending on the level of the mercury inside, they may present some potential environmental problems when thrown away.

UCAR has already beaten the EEC mercury reduction directive by four years, well before all our competitors.

Now with 0% mercury we have gone light years ahead . . . by providing an even more environmentally safe power source that far outlasts any standard mercury-free zinc chloride battery.

It's enough to turn our competitors green with envy.

UCAR – a powerful way to protect the environment





Cutex add extra polish to removers

You may be forgiven for not paying particular attention to nail polish removers in recent years, for there has been little significant innovation taking place. However, this only serves to underline the importance of a new product launch from Cutex which is poised to revolutionise the current marketplace.

This latest initiative brings the most original concept in advanced nail care to date. The new Cutex range presents three new formulations — Cutex acetone-free nail polish remover, Cutex nail polish remover with protein & vitamin B5 and Cutex nail polish remover with Vaseline Intensive Care lotion, each boasting its own unique selling points to retailer and consumer alike.

In the past nail polish removers have been judged solely on their ability to effectively remove every trace of polish in a quick and convenient manner — no more, no less. But now Cutex have created a very different set of product benefits which the company believes will establish new standards of product performance right across the market.

Natural assets

The new proposition is highly relevant to the current health and beauty environment where product sectors are taking on an

ingredients-led approach to skin and body care.

The Cutex acetone-free variant is a notable example of positive progress, in stark contrast to many existing brands which still use up to 100 per cent acetone in their base. Because of its potency in polish removal the resulting dryness and damage caused is a common customer complaint.

The new product is especially good news for the many women who suffer from dry, flaking nails as it has built-in moisturisers. Lanolin and castor oil are well known for their protective qualities ensuring a smoother nail surface and improved flexibility to guard against breakage. You can also take full advantage of the often lucrative sales to be derived from consumers who wear false nails as ordinary acetone based removers actually melt them!

Cutex nail polish remover with protein and vitamin B5 takes a similarly active stance in promoting stronger, longer nails by providing essential nourishment to stimulate healthy new growth. But perhaps the most powerful new concept is that of the Cutex nail polish remover incorporating Vaseline Intensive Care lotion into its formula, taking care of the cuticles and surrounding skin at the same time as protecting the nails. It's a clever combination that forms a natural synergy of

proven expertise embracing two handcare markets with brand values that consumers will immediately be able to grasp as a key benefit.

As Carolyn Ryan, Cutex brand manager explains: "It is no longer simply a case of what a nail varnish remover takes off that matters but more importantly what it puts back that will clinch the sale. Women are quite rightly demanding more hardworking products with genuine extra benefits without having to expand their regime or incur extra expense. Cutex can now deliver all this in one single product and for less than £1."

In the news

To maximise consumer interest in the new Cutex range the company is investing in a series of advertorial promotions, a tactic which is known to increase propensity to purchase health and beauty products by its editorial endorsement.

Cutex have selected the most dominant of the new generation women's titles including *Cosmopolitan*, *Essentials* and the new-style *She* magazine. The new variant campaign of double page, colour promotions begins in October in perfect time for the main seasonal peak of both hand and nail care markets.

Adding colour

The new packaging format is also a bold change in direction. The classic and highly popular attributes of the Cutex logo, label and bottle shape remain constant, but the products themselves lose the traditional colourlessness in favour of soft pastel liquids — another market first for Cutex. The new range is fully colour co-ordinated which enables instant identification on the shelf. And as Cutex also point out their visual impact will undoubtedly generate a high level of customer awareness of the total nail care site, and therefore increase impulse purchases.

The strong cosmetic appearance will go a long way towards changing perceptions of removers from a purely functional image to be comparable with other toiletry products in womens' repertoires. This in turn will encourage them to position it accordingly on the bathroom shelf or dressing table rather than tucked away in a cabinet.

Left on the shelf

To a degree it would seem that retailers have been equally dismissive in the past for it is often the case that nail polish removers are stocked, stacked and then left to their own devices in the pharmacy with more emphasis placed on other nail accessories like base coat and nail strengtheners. You might therefore be surprised to learn that

with a value of £3.7m in 1989*, removers account for more sales than these other two products combined.

Nail polish removers are an under-exploited but developing market showing growth of 3.3 per cent in sterling terms over the same period — and can provide a valuable source of high frequency revenue. The products feature all the characteristics of an everyday toiletry product, from high frequency of purchase to a sensible price point of £0.95 for 100ml and £1.35 for 200ml sizes.

Polished profits

For a relatively small shelf allocation, Cutex say that a rationalised nail care display will generate an excellent profit return and have highlighted the following considerations:

☐ There is no polarisation of sales towards any single remover type therefore it is worthwhile stocking a comprehensive choice initially and monitoring their individual rate of sale.

☐ While nail polish removers have a universal female audience, younger women aged 16-24 are the most frequent purchasers in line with their usership of nail polishes.

☐ Seasonal peak periods are July/August for holidays and November/December for the Christmas festivities. Impregnated pads are ideal for travel and emergency impulse purchases, but consumers are in the main

very brand loyal with an ongoing regime of remover with cotton wool pads.

☐ Price is a motivating factor for all consumers since nail polish removers are considered a practical rather than luxury investment so choice should encapsulate all price bands.

☐ Size is also important because of the varying occasions of purchase. Small sizes should be allocated around 30 per cent of the space, the remainder should be reserved for larger or economy packs to cater for both the heavy users and the over 30s (often mums who have a few pounds to spare for their "vanity" budget within their housekeeping allowance). In very restricted areas, the latter are the most important stock lines since they deliver the majority of volume sales.

☐ Wherever possible nail polish removers should be sited adjacent to nail colour collections to create an opportunity for impulse spin off sales of both. Alternatively, at least a selective offering of removers — both bottles and cotton wool pads — should be offered as a dual site alongside nail accessories.

Shelf talking

As an integral part of the launch programme Cutex have devised a colourful new self-sta display which brings their new removers firmly to the fore in the pharmacy. The special package — only available during the introductory period — comprises six bottles of all three formulations in both 100ml and 200ml sizes with a total value of £41.40 at RSP. This incentive will definitely meet with the approval of small, independent outlets as the products are normally only available in multiples of one dozen bottles of each variant.

Another valuable component of the unit is a leaflet dispenser which carries forms for entry to the Cutex Holiday Competition, running nationally until December 1990. Devised to create optimum trial by consumers, the competition is neatly linked into purchase with a first prize of a fabulous trip to Lanzarote and 200 runners-up prizes of Cutex Nail Beauty Kits worth £15 each.

Moving ahead

As they have more than amply demonstrated by their actions, Cutex are fully committed to steering the market into a new era of development. In their capacity as market leaders, whatever Cutex do will doubtless have pronounced impact on the trading environment. Even before the launch, the brand outperformed both the market and its competitors with a formidable 44.3 per cent upsurge to achieve a 17.7 per cent brand share of total sales last year. Now their aim is to secure brand loyalty to fulfil both short and longer term opportunities for sales growth.

As Carolyn Ryan sums it up. "Future market growth is wholly dependent on two things — product innovation within nail polish removers in its own right, and a continued recruitment drive in polishes and nail accessories to gain new and regular users in tandem with extending existing usage. With our credentials as nailcare specialists across the whole spectrum of nail-related product sectors, we have the means quite literally at our fingertips and we intend to use them!"

Source: SDC



Colorama's fast delivery vans.



In 16 years Colorama, Britain's fastest-growing photo finishers has won an envied reputation for high quality, award-winning processing, bold and imaginative marketing, fast delivery and competitive prices for the independent retailer in the South-East. All aptly interpreted by their two red company Ferraris with the brand name 'Colorama' emblazoned across the 200 m.p.h. bonnet. The cars have been extensively used in company promotions,

exhibitions and advertising campaigns and wherever they go, the Ferraris deliver the message that Colorama is the photo finishing laboratory of the '90's. With £2m a year investment in new generation photo technology, Colorama has now launched a programme of development to become a nationwide service for the independent retailer by 1991. All offering retailers more profitability (and perhaps a chance of owning a red Ferrari!).

COLORAMA



Developing and Enlarging into the 90's.

Cri de coeur

...and asks what the average pharmacist can do for today's drug addict

Once upon a time, when I was still a schoolgirl, I had a regular holiday job in a small pharmacy in one of the less appetising back streets of Glasgow. It taught me several things which had been omitted from the usual genteel course of studies, and left me with a strong preference for working class customers (if it is permissible to use such a term).

One of the first lessons was how to cope with drunken men — not the slightly intoxicated, but the legless variety. On Fair Friday, in those days, when the holiday pay was given out at lunch-time, the entrance to the underground station turned into an obstacle course by the evening, littered with the results of pouring the holiday pay straight down the throat. Those were the days when we hid the meth and the surgical spirit, and turned the cheap aftershave to face the wall. At least then we knew what we had to hide.

But the range of potential intoxicants began to grow, through cheap hair lacquer, travel sickness remedies, cough linctuses, practically any analgesic, until we look suspiciously at any OTC product whose sale increases unexpectedly. How on earth did they discover what to mix with what? Who first noticed the effect of chasing down an entire bottle of the original Actified Co linctus with a can of Calsberg Special? As the range of drugs widened, so our difficulties in dealing with the abusers increased.

The drunks are still with us, of course, sitting on the wall with their cans at nine in the morning, but the new race of drug addicts is both alarming and depressing: depressing because they all seem so young and so hell-bent on self destruction, alarming because of their unpredictability. One day you have a quiet polite boy wanting to buy his syringe, the next day the same boy will flare up and accuse you of skipping over him in the queue because you don't want to serve his kind.

Syringes are a thorny subject. There appear to be three courses of action:

- 1 Don't sell them. It drives the good customers away and encourages the addicts who will pocket anything you can't nail down.
- 2 Sell them, and if you catch one of your addicts in a sensible moment, point out the necessity for proper disposal, even reminding him that you have a sharps bin. This will make you unpopular with the counter staff, who have a not entirely irrational fear of used needles.
- 3 Do it conscientiously. Stock up with the black tubes supplied by the local drugs unit, and try to operate an exchange scheme — a packet of new needles for a full black tube. It won't work. They may promise, but the black tubes rarely reappear. This kind of approach also invites a high level of aggression, one common reaction being the demand for a free supply — "I need them, don't I".

So we supply needles and hope, or try to run an exchange scheme which we have no power to enforce without a security guard, or we give up and leave the problem in someone else's lap. All the advice from committees sitting in their ivory towers means nothing if you are face to face with a blank hostile stare across a foot of low counter, waiting dry-mouthed to see what will happen next.

Where do we go from here?



A part timer...?

Glasgow pharmacist Jeannette Smith begins to wonder whether the end of full time work is as enticing as it once sounded...

The future looks peaceful. Imagine you have spent the best part of 40 years in full-time employment, the last half of it running your own business. You are about to sail into the calm waters of being an ex-proprietor. You have found a nice part-time niche to supply the petty cash needed to pay for life's little extras while keeping you *au fait* with the new drugs as they appear. The rest of the time is to be your own, to do whatever takes your fancy.

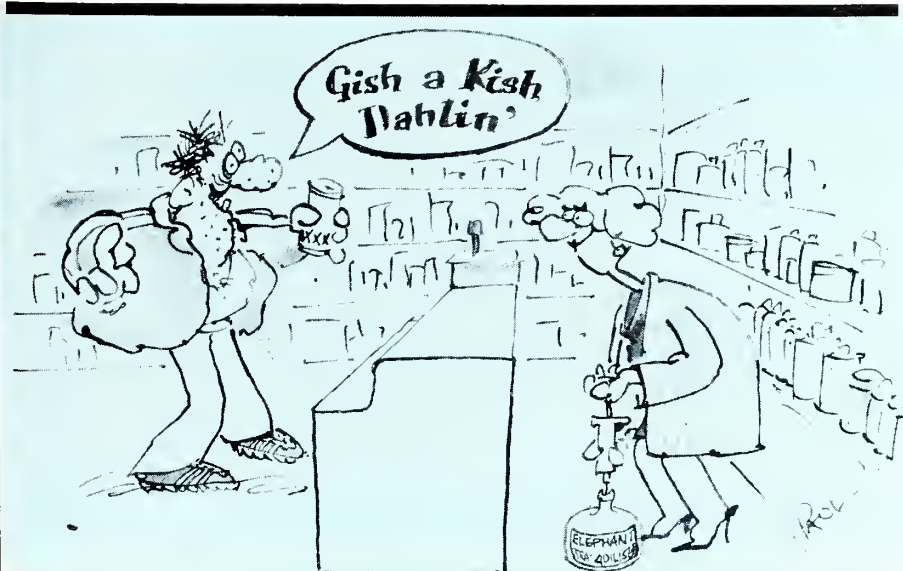
But working in large city can lull you into a false sense of security. Before long, without any effort on your part, word spreads that another possible locum is around to do the odd day. Now running a pharmacy is not like having a baby. There is no convenient memory block to make you forget the frantic telephone calls if the urgent need for a locum arose unexpectedly. Now and then you agree to do "a few days". It is not easy to be ruthless and to say no.

Before long you have a few pharmacies where you go in answer to an appeal for help. There are limits, of course. There is no going back to the dispensary where an entire wall of old glass bricks made it necessary to wear a complete set of thermal underwear. You try to avoid the pharmacy where the volume of dispensing has so far out-stripped the volume of the dispensary that logical arrangement has

been abandoned. Nor is there a return visit to the pharmacy where there is so little dispensing that a request for advice is a welcome diversion to be spun out for as long as possible. This leaves several pharmacies with reasonable dispensaries, enough work to justify your fee, pleasant staff, and computers with user-friendly software. But beware the vague statement, "just for a week or two".

Add to all the professional snares any non-pharmaceutical interests you may have. Once you offer your services in any field at all, you will come to realise how many wheels have to be oiled by volunteers. The days can be much more packed than they were in the days of so-called "full-time employment": Monday is spent as courier/interpreter to a group of Spanish folk dancers, Tuesday and Wednesday are the regular days for pharmacy, Thursday and Friday are spent with a different group of folk dancers, German for a change. Just to make sure your time is not being frittered away, three evenings of the same week are spent as a programme seller at one of the numerous concert series during our year as European Culture Capital.

After surviving such a week of semi-retirement, a week spent as locum in what was once your own business begins to appear on the horizon as a holiday.



BPC 1990



CARDIFF

Close pharmacies to cut costs, says Allen

Reducing the number of pharmacies would lower costs without causing the public any great disadvantage. And the consumer is now the driving force as far as the Government is concerned, says Council member David Allen

The cost of UK pharmaceutical services could be cut significantly by reducing the number of community pharmacies by a quarter, Royal Pharmaceutical Society Council member David Allen suggests.

Such a reduction would not cause any great disadvantage to the public, he believes, and MPs would not react until the public started to complain about lack of access to pharmacies.

He said the change was unpalatable to the profession but had to be a reality in view of the present distribution of pharmacies, especially in city centres. "Is it really necessary to have three or four pharmacies within 200 yards of each other?" he asked. The concentration of pharmacies was partly due to the Government's delay in implementing the new contract.

Mr Allen regretted that a reduction in premises would not necessarily create better distribution. It would mean the disappearance of good as well as bad pharmacies.

What must be asked following the recent pay imposition is how this reduction in numbers can take place. "Do we allow the Government to decide on financial grounds, or does the profession work it out?" he asked.

Two tier pharmacy

He propounded a two level community pharmacy structure. Professional pharmacies will make the extended role that much easier, said Mr Allen. "We do not seem to have used the idea that a number of professions have achieved over the years and that is partnerships of pharmacists. Think of each pharmacist as a fee earner bringing in additional work from a variety of sources, eg contracting out to residential homes, diagnostic work."

Retail, or shopkeeper, pharmacy is the second option, for those interested in selling the ancillary wares that are associated with present day pharmacy.

The consumer was now the driving force as far as the Government was concerned, and all professions would need to put consumer interests first, said Mr Allen. "To those who say the



RPSGB Council member David Allen

professions by their very nature must protect the consumer, I would agree, but in general the professions have tended to protect their own interests. Even pharmacy has used a degree of protectionism," he said. "One has only to look at the new contract for an example."

He believed the problem of poor standards would be taken up by the new family health services authorities under the guise of audit. "Medical audit has been accepted by the Government as the way to improve medical practice. It is a short step to extend this to pharmacy."

FHSAs would soon start asking questions and the profession would have to look at ways of assessing practice

methods. Compulsory attendance at continuing education courses or participation in distance learning were possibilities. He could see no objection to the issuing of an annual practice certificate.

Some pharmacists could specialise in geriatric pharmacy; others might develop diagnostic and screening services. Pharmacists might even offer a mini laboratory service to local GPs. The profession should also be pestering the Government and Medicines Control Agency to release more Prescription Only Medicines for pharmacy use.

Mr Allen thought it was important for community pharmacists to get involved in helping to reduce prescribing costs. "No longer can we sit back and let GPs get on with it," he said.

There were significant contributions to be made on prescription and cost analysis (PACT) data at FHSA level and locally. There would be incentives for doctors to employ pharmacists to help reduce prescribing costs.

He advocated once again the idea of a healthcare shop in a central site with convenient hours which the public could attend without an appointment. The healthcare shop could offer general practice medicine, dentistry, pharmacy and optical services, chiropody, physiotherapy and psychotherapy, with practitioners all practising under one roof.



Getting to grips with computers: Laurence Lichtenhein (left), Ipswich branch chairman, PSNI vice-president Robin Holliday and Dianne Kennard (North Metropolitan) of the DoH pharmaceutical division are shown "how" by Mike Hadley in person

Conference

Homes contracts may be renewed irrespective of benefits

Contracts with pharmacists providing advisory services to residential homes will unthinkingly be renewed, irrespective of any benefits to patients or carers, warned Dr Peter Rivers, a community service pharmacist with Derbyshire Health Authority.

He said that although some family health service authorities had taken the trouble to define the nature of the service pharmacists were expected to provide in detail, the monitoring of pharmaceutical advisory services by FHSAs was unlikely to be a priority.

He suggested that to utilise fully the pharmacists' professional expertise in residential homes, a visiting programme with specified objectives was necessary. Checking of medication records against medicines held in stock needed to be carried out monthly; other aspects, such as the training of staff, could be monitored less frequently.

Frequent visits

"If visits are made on a frequent basis, pharmacists will find they can make suggestions about medication procedures without being intimidating or causing embarrassment," he said. He outlined a basic advisory service that might be provided (see table).

Dr Rivers welcomed the recent attention given to more appropriate methods of presenting medicines so that safe and accurate administration became easier for the patient or carer. He suggested computerised patient medication records in the pharmacy should be adapted so they were of direct benefit to staff in homes.

Dr Rivers urged individual pharmacists to take more of a lead in developing advisory services. "This should not be left to the multiples who could absorb the residential market," he said. "Nor should it be the responsibility of civil servants to force through developments without the goodwill of the profession."

He regretted the bitter arguments between Boots and independent pharmacists over residential home business. "By embarking on advertising that has severely tested professional moral values, many pharmacists who run independent businesses have been outraged by Boots' conduct," he said.

However, he added that

patients and carers were more interested in improvements in healthcare standards than in political problems facing a profession.

On remuneration for the residential home role, Dr Rivers said the Department of Health would be unwilling to pay sufficient sums for services to homes unless direct benefits to patients and carers could be demonstrated. "It

is difficult to establish a system of remuneration that is fair to the profession as a whole but which also targets payment where services are of direct benefit."

He saw a need to reform payments so that those who imparted a real benefit to patients were rewarded appropriately. He warned that poor standards could lead to the loss of remuneration for advisory services.



Dr Rivers, Derbyshire Health Authority

Suggested basic advisory service for pharmacists visiting residential homes

MONTHLY	QUARTERLY	ANNUALLY
<ol style="list-style-type: none"> 1. Check medication records and verify with containers present. 2. Look for inconsistencies such as dose, strength, and omissions on the record. 3. Storage cupboards and medicine trolley: assess for ease of location of residents' medicines; check expiry dates on products in original packs. 4. Inspect for discontinued medicines that are still in stock or are listed on medication record. 	<p>Carry out services listed under "monthly" plus:</p> <ol style="list-style-type: none"> 1. Check items used for household remedies (type of product used and place of storage). 2. Conduct review of medication for specified number of residents with head of the home and/or with GP. 	<p>Carry out services listed under "quarterly" plus:</p> <ol style="list-style-type: none"> 1. Conduct a training session on medication procedures. 2. Lead a discussion on the effects of medication.

Qualifications to replace toiletries?

Pharmacies in the future could be larger with at least two pharmacists providing a range of diagnostic tests in a laboratory area with private consulting rooms. This was the prediction of Ilford community pharmacist, Cecil Gold, speaking at the community pharmacy session.

The erosion of the traditional perfume and toiletry business will cause pharmacists to expand their professionalism and look to qualifications to improve their image and business, he said.

The days of a "pile of disposable nappies" constituting a window display and staff wearing "track suits and training shoes" would give way to much stricter standards, he added.

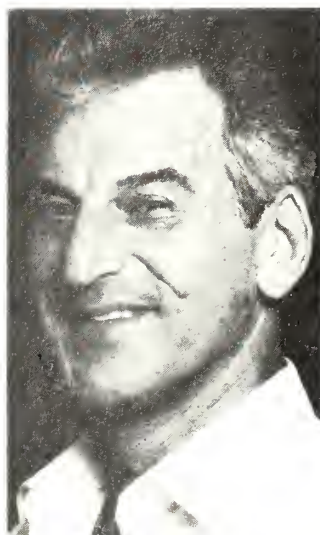
"The expansion and improvement in diagnostic tests is just one extension of a role which has and will introduce a wind of professionalism which will give the public at large greater confidence and respect for their local pharmacist," said Mr Gold.

The recent decline in the number of pregnancy tests performed by pharmacists, probably due to improved home tests which can be performed in private, has been accompanied by an increase in other tests including peak flow and blood pressure

monitoring and cholesterol testing.

Peak flow tests, sponsored by Astra Pharmaceuticals in North East England, had resulted in 76 out of 253 patients being referred to a GP; 40 per cent of these had been on bronchodilator therapy, which was obviously insufficient to control the condition, said Mr Gold.

Blood pressure monitoring was a relatively popular and simple



Ilford community pharmacist Cecil Gold

test, he continued, but was not always practicable in a busy pharmacy considering a 30 minute rest period was advised prior to measurement. Cholesterol testing was also gaining in popularity, and Mr Gold forecast that the medical profession and the public will look towards the pharmacist for regular cholesterol testing. He stressed the importance of final counselling, ensuring patients leave the pharmacy in a settled state of mind.

Theophylline monitoring, currently being offered by a community pharmacist in Northern Ireland, may take time to become established, he said, but this will extend as the necessity of therapeutic drug monitoring becomes more apparent.

Mr Gold concluded by predicting the evolution and establishment of a more professional breed of pharmacists. The development of diagnostic instruments at suitable prices would help this process, together with pressure from the new GP contract edging doctors to greater co-operation with, and reliance on, a new breed of "super efficient" professional pharmacists.

Medication records of 'immense benefit'

Pharmacy patient medication records (PMRs) bring countless benefits to both pharmacist and patient alike, according to Martin Gibson, a community pharmacist from Exmouth, who speculated as to when the Royal Pharmaceutical Society would make PMRs a professional requirement.

Speaking about how the pharmacist's extended role benefits the consumer, Mr Gibson reflected on his own experiences: "PMRs can be likened to a new pair of glasses — they take a little getting used to, but after a while you feel quite lost without them."

The obvious benefit of the system is the ability to fill in details which are missing from a repeat prescription without recourse to the telephone. They are a "godsend" for poorly handwritten prescriptions and endorsing returned prescriptions from the Pricing Bureau.

Mr Gibson found his system useful for reminding him which patients preferred non-child resistant containers or the green temazepam capsules. "Patients are naturally impressed by this and feel reassured that they are being cared for properly," he said.

In addition, locums were not disadvantaged by not knowing the patient's medication history, although they still had to get used to unfamiliar computers, said Mr Gibson.

Mr Gibson detailed a number of situations where PMRs were advantageous.

- ☐ Emergency supply for a local client can be made with confidence as the exact nature of the requested medicine can be traced.
- ☐ The patient's suitability for an OTC purchase can be checked.
- ☐ Nursing and residential homes can be provided with a medications list for a new resident.
- ☐ Results of diagnostic tests such as blood pressure or

cholesterol readings can be stored.

- ☐ Batch numbers can be stored to enable quick recall.
- ☐ Adequate stock levels can be maintained and an unusual repeat item can be anticipated.

Although many tasks could be accomplished with a file card system, said Mr Gibson, a computer was essential for repeat labels or historic drug interactions. He also looked forward to the day when he could legally record private prescriptions on the computer.

Mr Gibson admitted that PMRs were likely to prove less useful in a city with a large shifting population. He welcomed the remuneration for keeping PMRs but reflected that the money was insufficient to cover even a year's maintenance contract.

Mr Gibson believed that the natural extension to the PMR system was the smart card, tested during the Exeter Care-Card trial in which he had participated. The cards contained a memory which stored the patients medication history and allergies and a microprocessor to allow access to unauthorised users, Mr Gibson explained.

Doctors used them to communicate with each other and if an unconscious patient was admitted to hospital, all details of their medication could be determined. The cards were also a bonus for patients with a poor understanding of English. They overcame language barriers, said Mr Gibson. An obvious advantage would be if pharmacists could enter information about OTC purchases.

However, Mr Gibson doubted whether the Government would provide the money for the nationwide introduction of smart cards. The cost had been estimated at 152p per patient-year to introduce the scheme and 27p thereafter.



Joyce Parker (second right), a pharmacist and currently chairman of the Royal Society of Health, at one of the Conference's satellite receptions. She is seen here with Mervyn Madge (left), Kay Roberts and Edward Mallinson, members of the now defunct pharmacy special interest group

BPC 1990



CARDIFF

This year's joint hospital/industry session focused on the problem of patient information. Do patients want to know more and if so what information do they want? Will more information increase compliance with medical regimes? However, as Dr Frank Wells of the ABPI warns, patients must not be frightened unnecessarily

Patient leaflets may be counter productive

Patient information leaflets, which under an EC directive will have to be included in the packaging of all medicinal products by the end of 1992, unless the required information is on the container and outer packaging, could frighten patients and be counter productive.

However, the timetable for patient inserts is beginning to slip, said Dr Frank Wells, of the Association of the British Pharmaceutical Industry.

While welcoming the UK industry's decision to produce patient package inserts, he said problems had arisen elsewhere in Europe where leaflets had been available for some years. There was no uniformity of style or content and there was evidence that too little information was retained. Some leaflets "frighten patients off taking the medicine which has been prescribed," he said.

Because of these difficulties and because the UK was late on the scene, the UK industry had established a policy much of which was reflected in current European industry policy.

He emphasised the importance of consulting all interested parties and said much work remained to be done on the presentation of the information, to ensure it was understood by the patient and not unduly alarmist.

Included in the ABPI's final policy on leaflets are the following:

- ☐ Written information should be given to reinforce and amplify that given by the doctor and pharmacist.

- ☐ The leaflet should be included in the original pack.
- ☐ It should be as succinct as possible and of a standard layout.
- ☐ Further consideration should



Dr Frank Wells, ABPI

be given to the blind and those who do not understand the language of the country.

- ☐ The leaflets should be collated into a compendium for use by pharmacists, doctors and patients.

- ☐ Individual manufacturers should be responsible for preparing the information and should hold the copyright.

- ☐ The cost of providing the information should be borne by the manufacturer.

- ☐ The leaflet should be approved by the appropriate licensing authority at the time of issue of the product licence.

- ☐ The effect of the provision of patient leaflets should be reviewed.

Dr Wells hoped that the majority of companies would begin to include "patient friendly" leaflets in their products before they became obligatory.

A kit for medicine information?

If patients are to have better information about their medicines, they need a "kit" of suitably chosen components. Pharmacists should aim to ensure that before patients leave the pharmacy they know how, how much and how often to take their medicine.

Drummond Forbes, Bristol Royal Infirmary, emphasised the need for a quiet and informal area within which to provide information. It was not ideal to give information "at the end of a hot and stressful outpatient day across a 'speak easy' partition". He added: "We proudly claim that all patients leaving the hospital pharmacy are counselled, but it is a hollow claim unless we can show we have measured its effectiveness."

"Ensure that no patient leaves the pharmacy until their information needs have been met"

It is important for the pharmacist to judge what information the patient already has and what they may be able to absorb. "It will be important to gain the support of the patient for education and the assembly of the pieces of the 'kit' into the correct model," he went on. The patient has to be in the position of wanting to accept the principle that compliance with medication was desirable. It is important in communication to listen, look and concentrate on the "lyrics, the music and the dance" of the message.

"The lyrics will be part of the 'kit' provided to the listener and will have been chosen carefully and be relevant and concise. The music refers to the way in which the educator moves the voice to make the message more interesting. The dance represents the non-verbal aspects of the message. Getting the dance right is very important."

Communication is often more effective if more than one form is used. Written information is a useful supplement. Pharmacists may need to consider how labelling techniques might be modified so as not to contradict the package inserts being introduced. Self medication systems, like inhalers, were a good example of how patient education could be expressed to meet the target of appropriate action.

Patients need to know more...

In order to use a medicine correctly and to derive maximum benefit from it, patients need to know more than they are currently being told. In fact, 62 per cent of patients do not feel enough is explained about their medicines by either the doctor or pharmacist.

Discussing what information patients wanted or needed to know, Professor Charles George, chairman of the Joint Formulary, Committee of the British National Formulary, said the therapeutic explosion witnessed since the 1930s, coupled with important socio-economic changes, had altered the way patients viewed medicinal treatment.

Current figures suggest men visit their GPs on average three and a half times a year and women five times, said Professor George. About two thirds of consultations end with the issue of a prescription for an average of 1.4 items.

In 1984, the clinical pharmacology group at Southampton University conducted a postal survey of 740 adults in the Southampton area. Of the 60 per cent who answered, 42 per cent had been prescribed a medicine in the previous month. The questionnaire suggested nine items which previous authors had regarded as being essential information requirements (see table), all of which found favour



Professor Charles George

with at least 58 per cent of the respondents.

Sixty two per cent of the sample felt not enough was told to them about the medicines they were prescribed. Knowledge of

their medication's side effects was very limited, and 83 per cent thought an information leaflet would be helpful.

However, Professor George questioned the universal appropriateness of, for example, patients knowing how to tell if the medicine is not working. Although this may be sensible if the medicine is intended to produce symptomatic benefit which can be monitored, eg glucose control with diabetes, in other conditions it would be necessary for a nurse or doctor to monitor progress, he said.

Recent labelling advances have raised awareness of medicines.

Additional improvements in communication can be achieved through the provision of additional facts and advice particularly with the use of information leaflets, he concluded.

Information on a medicine	% agreeing
When and how to take it	92
Side effects and what to do about them	88
Precautions eg effects on driving	87
Problems with alcohol or other drugs	84
Name of medicine	83
Purposes of treatment	80
How long to take it	76
What to do if a dose is missed	64
How to tell if it is not working	58

Caring for the carers



Dr D. Robertson, Halton Health Authority

Carers of elderly or disabled relatives are all too frequently talked over and around, but not to. They need to know about their patient's medication as much as the patient, Dr D. Robertson, director of public health at Halton

Health Authority, emphasised.

"A carer is a partner in the effort to improve the quality of life of the person being prescribed for," he said.

All over the country, directors of public health are busy identifying the primary health care needs of the populations they serve. Dr Roberts highlighted the areas — often unexpected — which produced the greatest number of days of "life lost" from the average population.

Days of "life lost" in population served

	Days
Being unmarried (male)	3,500
Cigarette smoking (male)	2,250
Heart disease	2,100
Being 30 per cent overweight	1,300

Such figures can help gain an understanding of what has to be done to improve health in a population. What is needed is the development of written training materials to help carers do this, said Dr Roberts. Professionals underestimate what people can do

to improve their health, because often they are not provided with an explanation or the skills to do the job.

The Government has adopted the principles of the WHO programme "Health for All by the Year 2000". Its principles are:

- Based on primary care
- Requiring a partnership with the public
- Dependent on intersectional collaboration
- Its objectives are:
- Promotion of a healthy lifestyle
- Prevention of preventable conditions
- Rehabilitation

Dr Roberts said the use of "pharmacy emporia" to provide health education in such a scenario was critical. Carers need to know the framework of the healthcare system and where they can turn for help and advice.

"Carers can feel isolated and dumped with a problem. The establishment can be seen as uncaring about their needs," he said. "Carers are our partners and we need to consider our joint needs."

BPC 1990



CARDIFF

A warning that the pharmaceutical industry is not prepared to subsidise poorly financed university departments was given at the academic forum by ABPI director Dr John Griffin. Meanwhile in the ag and vet session the benefits to a business of small animal medicines were once again highlighted...

Setting up an ag and vet section

Establishing an agricultural and veterinary section enhances the health care service of a pharmacy, can create new business within the shop and prove rewarding professionally, according to David Hayes, a community pharmacist from Heanor in Derbyshire.

However, to ensure the success of the venture it is necessary to advertise the service, spend time educating customers, break into the purchasing cartels of some animal clubs and be price conscious, particularly with discounts for larger customers. "People tend to be conservative in changing from their existing source of supply," said Mr Hayes.

An estimated 52 per cent of UK households own a pet and one in six people visit a pharmacy once a week, so the market has potential, he explained. For the average community pharmacy, the ag and vet market will be limited to companion animals such as cats and dogs, horses and possibly pigeons, although the latter can vary considerably according to region.

The basic companion animal market consists of anthelmintics, insecticides, and other pet medication, together with shampoos and conditioners. These have an estimated market value of £35 million and considering that only one third of companion animals are wormed routinely, that market — currently worth £9m — has a potential value of £27m, said Mr Hayes.

A pharmacist who decides to set up an ag and vet section should be prepared to promote the business actively, as success depends largely on the determination and interest of the individual pharmacist, he explained. As many products are P and PML, self selection is prohibited. The prime area of this section is therefore close to the dispensary with P and PML products preferably displayed in a locked cabinet.

Mr Hayes, advocated the gaining of knowledge whether it be by self study or a more formalised course such as the Ag and Vet Diploma.

The Royal Pharmaceutical Society is currently compiling an animal equivalent of the British National Formulary, while the Society's leaflets on companion animal health and the Ag and Vet Handbook produced by the National Pharmaceutical Association may also prove useful.

Probiotics should be licensed medicines

A call for probiotics to be licensed as medicinal products, carry a guarantee of the viability of the component bacteria and for them to be promoted in a more professional manner, was made by Jennifer Eaton, information pharmacist at the Society's library.

Miss Eaton's remarks were made in the light of results of a survey into the awareness and use of probiotic and antibiotic feed additives. Antibiotics have been used in animal feeds since the 1950s to promote growth or prevent infection, Miss Eaton explained. However, there is concern that the use of subtherapeutic doses in animals may encourage the emergence of resistant strains of bacteria, and compromise the treatment of human infections.

Questionnaire

Probiotics, live microbial feed supplements which beneficially affect the host animal by improving the intestinal microbial balance are a more recent development, the majority being classified as nutrients and not medicines, she said.

A questionnaire, sent to 100 veterinary surgeons, 100 agricultural merchants and 100 livestock farmers revealed a trend of opinion that antibiotics were effective but there were doubts over their safety, while probiotics were safe but there was concern

over their effectiveness. However, the majority who had used probiotics found them moderately effective, she said.

When questioned about awareness of antibiotic and probiotic feed additives, 90 per cent of respondents were aware of the former compared with only 75 per cent aware of the latter. In fact, awareness of probiotics among farmers was as low as 43 per cent, suggesting there are a considerable number of potential users who could be accessed by effective advertising.

A survey of advertisements revealed that those for probiotics were generally poor quality, and unlikely to encourage the non-user to try the products.

When questioned about their usage of feed additives, approximately 30 per cent of farmers used growth promoting antibiotics and an equal number, prophylactic antibiotics. Some 22 per cent of farmers admitted having used or supplied probiotic feed additives.

Probiotics have a number of theoretical benefits over antibiotics in that they are non-toxic, do not produce resistant populations of bacteria, or cause allergic reactions. Miss Eaton concluded: "It is doubtful, however, that probiotics will find full acceptance in the agricultural world unless certain improvements are made. More independent trials are needed to determine their effectiveness."

No subsidies for lame ducks

The pharmaceutical industry is not prepared to subsidise lame duck university departments through the imposition of overheads on pharmacy research grants. Such a situation will adversely affect a department's ability to compete effectively.

Dr John Griffin, director of the Association of the British Pharmaceutical Industry, warned of the "Robin Hood phenomenon", where university administrators treat industry as a cash cow to be robbed by inflated overhead charges.

He spoke of one pharmacy department which had been forced to put 105 per cent overhead charges onto its research costs to subsidise other,



Dr John Griffin, director, ABPI

Psychiatric care moves into the community, funding does not...

The care of mentally ill patients is already moving from institutions into the community. Can the move be successful without additional funding, and do pharmacists have a role to play?



Conference lecturer, Dr Brenda Morris

A switch from hospital based care to community care has already taken place as far in the treatment of mental illness, but sufficient resources have yet to be provided to make this successful, Dr Brenda Morris asserted in the Conference lecture.

The former consultant psychiatrist to Southampton and South West Hampshire Health Authority said that because some aspects of the 1990 NHS & Community Care Act had been delayed until 1993, a General Election would intervene. It was not certain what priority would be given to an admittedly expensive piece of legislation by a new government.

Domiciliary service

Community pharmaceutical services were still mainly delivered over the counter, she said, but the Royal Pharmaceutical Society's proposals for a domiciliary service would be a great advance.

There were currently many different models of residential homes in the community for mentally ill, mentally handicapped and elderly people. They might be provided and staffed by health or local authorities, housing

associations or voluntary organisations. "Staff have varying degrees of training and may well not include nurses who have been specifically trained in administering medication, and this undoubtedly gives rise to problems," she said.

Quoting a few examples, Dr Morris said she had been involved with a house provided to assist the resettlement of men from a Department of Social Security reception centre. It emerged that one resident had been prescribed morphine by his GP for what was believed to be cancer. The man was given his tablets without liaison with the home or advice to the project worker on how to handle the situation.

In a mental health hostel a young resident had made a number of suicide attempts and was prescribed chlorpromazine in a syrup form. His GP gave him a prescription for two litres of the preparation and he was allowed to carry this home from the pharmacy.

Another case concerned a psychiatric patient with multiple sclerosis. He was a man well known in all the local pharmacies because of his habit of buying large quantities of Anadin and other proprietary medicines. He conned

a local GP, with whom he was not registered, to prescribe prednisolone and was allowed to walk off with the tablets.

Other problems were common, such as prescriptions for large numbers of potentially toxic psychotropic medications; frequent changes of medication so that a new prescription was issued before the previous one could have been finished; and abuse of medication, particularly night sedatives and some anticholinergic drugs.

Money is the key

Dr Morris said contact between pharmacists and residential homes, counselling of patients and carers, training of staff and monitoring of medication would be of great value.

She said there was no going back to the old institutional form of care, which was simply unacceptable. But the new pattern created a number of dilemmas. Money was the key issue in providing an adequate level of replacement care in the community. But neither local nor health authorities had the resources necessary to provide the developments envisaged.

Dr Morris estimated GPs now

spent 10-20 per cent of their time on mental health care. The number of occupied psychiatric hospital beds had declined from 154,000 in 1954 to about 50,000. Hospital admissions had become shorter and outpatient consultations had risen. Day hospitals and community mental health centres had been established in to offer a different style of care. But progress had been uneven, fragmented and inadequate.

Money had not been transferred from hospitals to sufficiently fund community services. Although most mental hospitals had reduced their bed numbers few had actually closed. Capital locked up in them had not been realised and revenue costs had remained high.

Two key factors limited the availability of NHS funds: the collapse of land values and the costs of decayed old hospitals. Bridging schemes could enable projects to get under way but it had been estimated that each district health authority needed about £15m in capital. The £30m offered the Department of Health "is only a drop in the ocean of need," Dr Morris said.

ACADEMIC DISCUSSION FORUM

less viable departments. Since this occurred, he said, the department had not received a single research contract.

Competition is the order of the day, and if a department is not competitive then there would be no contracts, Dr Griffin explained.

The first role of academic departments was to educate students, Dr Griffin said. However, he questioned whether schools of pharmacy were over-producing in some areas and leaving shortages in others, particularly postgraduate students in certain disciplines.

Dr Griffin detailed methods of collaboration between industry and academic departments, the most common being academics acting as consultants. Companies may have a specific problem that could not be solved in-house, and so a university or polytechnic would tackle it on a short-term contract. However, longer term co-operation, so called "blue sky

research", could persist for many years.

Finally, industry could purchase space in an academic department. This was happening with increase regularity, he said, and suggested it might be easier to get long term investment from companies which do not have a UK research base.

To get funding from industry, UK pharmacy departments had to compete not only among themselves but also with broad-based science parks, medical schools and overseas establishments. "A centre of research excellence can attract industry funding, but only if it is value for money," he said.

It was ironic that heads of departments who were particularly successful in attracting funding were often accused of being in the industry's pocket. But Dr Griffin warned: "There is no fatted calf ready to pour money into academic

departments."

The pharmaceutical industry spends £900m a year on research in the UK, and only about £50m of this in academia. Industry spent money where the best value could be obtained. Departments must be competitive, and the imposition of overheads on top of research costs compromised the ability to compete. "The pharmaceutical industry is not a charity," he said.

Those departments wanting to attract more money had to accept the situation that, in "blue sky research" in particular, the market did not always know what it wanted. Academics had to develop a certain degree of salesmanship, he said.

EC scientific objectives

Although the European Community is not a bottomless pit or pot of gold to solve research problems, the sums of money available are significant, with £4

billion of funds for a five year research period.

Dr Michael Hopkins of the European Research Centre, Loughborough University reminded delegates that the Community did run a programme to supplement national R&D resources.

The key to successful grant applications came in the ability to match a department's research activities to EC priorities. The EC viewed research as a means to an end and not an end in itself, he said. Thus there was an emphasis on research which would allow Europe to compete more effectively with America and Japan in world markets.

The EC works to a five year research plan. This consists of a three framework programme divided into 15 research programmes which included areas such as biomedical and health research and biotechnology and life sciences.

BPC 1990



CARDIFF

Transdermal drug delivery was the topic of this year's symposium session, and it brought together the views of clinical dermatology, academia and the pharmaceutical industry. Are the potential advantages of this route of administration ever likely to be realised for large scale therapeutics?

Transdermal delivery: practical problems still to be solved

There are many potential advantages to transdermal drug delivery but practical problems including drug irritancy, sensitisation and pore blocking had prevented the widespread application of the route, according to Professor Ronald Marks of the University of Wales College of Medicine in Cardiff.

Vigorous testing of transdermal drug delivery systems are necessary, he said, to ensure patients do not experience problems linked to high drug concentrations and the occlusive nature of the patches.

The transdermal route is useful when treating the unconscious, infants and when poor compliance is suspected. Also, if the oral form of the medication is destroyed, irritating or extensively metabolised. Onset of action could be achieved in 30 to 60 minutes, he said, with constant therapeutic levels until the device is removed when levels fall sharply.

The most common problem with the transdermal route is one of simple irritancy, said Professor Marks, although allergic sensitisation may also occur. The toxicity of the drug or adhesive, the irritability of the individuals skin and the length of time the device is in place are all contributing factors.

Patients most likely to prove sensitive to transdermal patches are individuals of fair skin, blue eyed, of Celtic origin, atopic, having a specific hyper-sensitivity, for example to nickel, and those with eczema elsewhere on the body. Animal skin is a poor model for predicting sensitivity as it does not resemble human skin closely enough, Professor Marks explained. Human volunteer or cell culture techniques are the most applicable.

Firm adhesion

Professor Marks spoke of the requirement for firm adhesion of the patch to the skin for three to six days, which can be a problem if the skin site is damp, hairy and mobile. Tropical climates and heavy manual work may preclude the use of transdermal patches for this reason. The chosen site varies with different treatments, he explained; the ear for scopolamine, chest wall for nitroglycerine and scrotum for testosterone.

Professor Marks also pointed out that patches did not adhere to scaling skin so could not be used



Professor Ronald Marks, Cardiff

for patients with psoriasis, congenital disorders of keratinisation and some forms of eczema.

He also warned that the

removal of patches could damage the skin of elderly patients and those receiving systemic steroids. The repeated application and removal of an adhesive patch was likely to cause some inflammation even in young, fit patients.

Occluded skin does not behave in the same way as non-occluded skin, said Professor Marks. In occluded skin the penetrability and the hydration is enhanced. The latter can lead to occlusion of follicular and sweat gland orifices resulting in folliculitis and sweat rash.

The epidermis contains a highly active cellular structure with numerous enzyme systems, explained Professor Marks. These systems may be activated by the increased skin temperature resulting from occlusion and the effects may be relevant to the pharmacokinetics and toxicity of the transdermal route.

A complex challenge for R&D

A good knowledge of the physico-chemical properties that can influence release rates of transdermal delivery systems (TDS) is a prerequisite for their successful development, which is a complex challenge for pharmaceutical research, according to Dr Hans-Michael Wolff of Schwarz Pharma in West Germany.

Before starting any experimental work the benefit/risk ratio has to be carefully considered. In particular, the specific therapeutic advantages of the transdermal route must be clarified.

Dr Wolff believed that the basic requirement of a transdermal system is to ensure an efficient control of drug release. This would avoid dose "dumping" and give adequate reproducibility of drug input and efficient depletion of the drug reservoir, he said.

To optimise the drug release properties *in vivo*, it is important to consider all the factors which influence drug delivery across human skin, explained Dr Wolff.

The situation will become even more complex if an additional component such as a penetration



Dr Wolff, Schwarz Pharma, West Germany

enhancer is introduced, warned Dr Wolff, who went on to describe a matrix type TDS where the drug is embedded in a pressure sensitive adhesive.

This system had proved an interesting route in the design and formulation of TDS, he explained. It consisted of only three components, a backing, a drug-loaded self adhesive mono or multi-layered film, and a release liner to control delivery.

Dr Wolff went on to describe a number of transdermal delivery systems including glyceryl trinitrate, nicotine, estradiol and bupranolol. He recommended the study of such systems when considering the optimisation of transdermal drug absorption combined with drug safety.



Conference science chairman Professor Ian Kellaway (left) hands over to his successor Dr Eric Tomlinson, president and chief executive of US based Somatix Corp. Next year's science sessions will have a new format with a theme of "The impact of biological sciences in medical and pharmaceutical science"

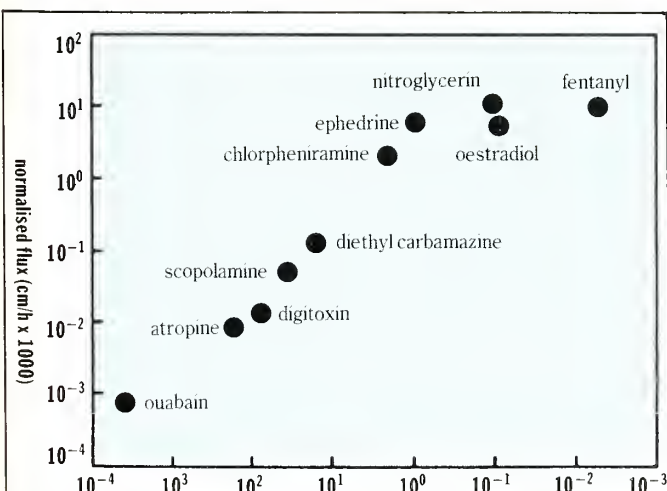
Early formulation strategy a must



Professor Hadgraft, Welsh School of Pharmacy

There is a future for transdermal drug delivery, but without a considered formulation design strategy early in the programme, a large number of projects will go up in smoke, according to Professor John Hadgraft from the Welsh School of Pharmacy, Cardiff.

Professor Hadgraft was giving the academic perspective on transdermal drug delivery at the Conference's symposium session. The ability of drugs to cross the skin and enter into the systemic circulation has been known for many years. Nitroglycerin has been administered in a topical ointment for a number of years, but it is only in the past two decades that the major advances have occurred,



Relationship between the flux of some potential transdermal candidates and their mineral oil/water partition coefficient

said Professor Hadgraft.

Transdermal drug delivery has a number of advantages, including avoidance of first pass metabolism, allowing lower daily doses, and the flexibility of a controlled delivery rate which minimises inter- and intra-patient variability. It gives sustained and constant plasma levels, improved patient compliance, and the drug input can be easily terminated.

However, Professor Hadgraft explained, it is often the disadvantages that proved interesting from an academic point of view, as it is these that have to be overcome in order to extend the range of utilised drugs. The transdermal route is limited to potent drugs requiring a daily dose of only a few milligrams, he said. The route proved difficult if the chosen drug is ionised or very lipophilic. Some drugs may cause allergic or irritant responses while others are metabolised by the skin's enzymes. The constant plasma levels achieved with transdermal delivery, which is beneficial for some drugs, may induce tolerance of others, he added.

Advantages and disadvantages of transdermal drug delivery

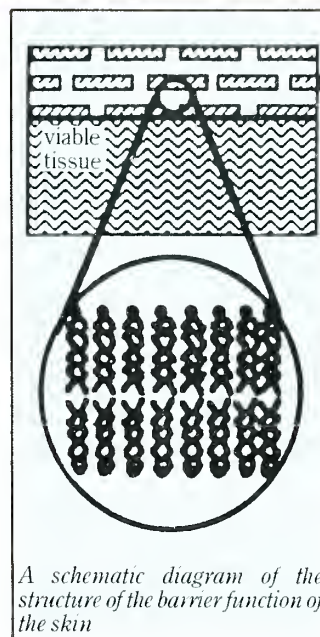
Advantages

- ☐ Avoidance of first pass metabolism and hence lower daily doses
- ☐ System control delivery rate
- ☐ Minimisation of inter- and intra-patient variability
- ☐ Sustained and constant plasma levels
- ☐ Improved patient compliance
- ☐ Drug input easily terminated

Disadvantages

- ☐ Limited to potent drugs
- ☐ Difficult to deliver ionised drugs
- ☐ Difficult to deliver very lipophilic drugs
- ☐ Allergic and irritant responses from many drugs
- ☐ Drug may be metabolised by skin enzymes
- ☐ Constant plasma levels may induce tolerance

The unique structure of the skin dictates that only low absorption rates are possible, explained Professor Hadgraft, but materials such as azone, oleic acid and transcutool can act as penetration enhancers. However, some enhancers can cause irritant reactions or even morphological damage. To extend the range of drugs which can be delivered across the skin, it is necessary to identify enhancers, which act reversibly and specifically on the skin but have no physiological activity of their own, he said.



A schematic diagram of the structure of the barrier function of the skin

Other physical methods which may help increase the permeability of drugs through the skin include iontophoresis, applying a voltage difference on the skin surface, and ultrasound. Iontophoresis, has been used for the administration of morphine, explained Professor Hadgraft, and as the rate of delivery is proportional to the current applied, patients can, within limits, control the input of analgesic. The technique may also be used in reverse to promote the transfer of drugs from the blood to a "monitor" on the skin's surface, allowing non-invasive monitoring of drug concentrations in the circulation.

A decade ago, it was predicted that a high percentage of drugs would be administered using the transdermal route, a prediction which has not been fulfilled, said Professor Hadgraft. However, he believed that consideration of the transdermal route at an early stage in a drug's development could lead to more being delivered that way. Computer aided drug design could give structures with optimum physicochemical properties for skin penetration, he said. Functional groups could be added to provide the correct partition coefficient and solubility to maximise absorption, while the size and shape could be modified so that the drug acts as its own enhancer.

Professor Hadgraft concluded: "As we learn more about the mechanisms causing irritancy and allergy, structure activity relationships will emerge which will allow the synthesis of materials with minimum problems". In the meantime, he suggested formulators consider the co-administration of drugs with an anti-inflammatory agent, and the development of specific and potent new enhancers.

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CARDIFF

With 16 topics for debate it was difficult to know where to go in this year's discussion sessions. With most talks well attended this feature of Conference looks to become a regular fixture

Wound management and products in the Drug Tariff

With increasing reliance on community services, it is imperative that the most efficient wound management products become available as soon as possible, said Mr Terry Turner from the Welsh School of Pharmacy and a leading expert in the field.

"Currently a blissful state of community pharmacy ignorance surrounds these materials, which can do little to encourage the Department of Health to include new products in the Drug Tariff," said Mr Turner.

Products in the Tariff are grouped into absorbents, bandages, surgical tapes and dressings. Most treatments are initially proved in hospitals, and their transfer to a domestic environment may not be possible. But the availability to the community sector of proven products would obviate the situation where a patient returning home after hospitalisation has to discontinue a successful wound management routine because the products are not available.

Lint an anachronism

A 19th Century physician would be familiar with many of the absorbents in the Tariff, said Mr Turner. "The continued inclusion of lint is an anachronism, and surprisingly there are none of the technologically advanced low adherence high exudate dressings pads included," he said. The specification for sterile dressings packs needs early re-examination, he added.

There are 14 bandage types listed in the Tariff. Over half the products currently available for compression therapy are not in the Tariff. Mr Turner hoped development of more precise performance profiles would allow development of a compression classification similar to that for hosiery. He criticised the confusing multiplicity of stockinette products listed. There are 94 altogether, making the relationship between them a mystery to almost everyone.

It is in the dressings area that the most significant advances have taken place over the last five years. "We have moved from materials which were considered passive, to the more recent interactive and new bioactive products," said Mr Turner.

Passive wound management was the use of traditional materials such as gauze and lint with a "plug and conceal" philosophy. Interactive products were designed to create the optimum

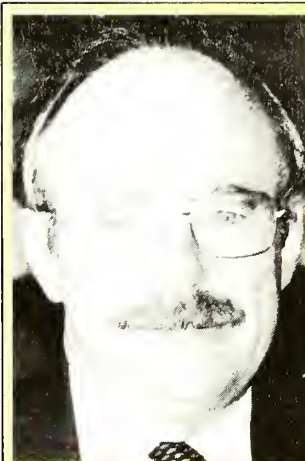
micro-environment for healing, and include low adherence products, semi-permeable adhesive films, foams, hydrogels and hydro-colloids.

Bioactive products are currently being developed. These will either initiate the healing process, or contribute specific growth factors to encourage a biochemical response. Factors for increasing epithelial cell growth rate, fibroblast growth, and macrophage activity have all been isolated and are currently the subject of submissions for product licences in various countries, said Mr Turner.

It is with these last two groups of products that the Tariff has difficulties, he said. Many manufacturers prefer to work on the "suck it and see" principle, rather than invest in unbiased clinical assessment.

The more sophisticated interactive products face constraints on their success in the community. The environment is less controlled than a hospital, the skills of carers vary, and there is misuse of the products arising out of the ignorance of the majority of the primary health care practitioners, said Mr Turner.

The criticisms over the delayed inclusion of interactive products in the Tariff are not fully justified, he felt. With the exception of deodorising dressings, each of the important products types has been made available. Wound management is more a science than an art, and in the future bids to include products in the Tariff will need to include information on quality and safety.



A cut in the number of community pharmacies by 25 per cent to around 8,500 was advocated by RPSGB Council member Bernard Silverman at the discussion session on manpower needs. He advocated a reduction of 1,500 premises by the year 2,000 and insisted the pharmaceutical service would be just as effective. The number of pharmacists per pharmacy has remained constant at around 1.2 since the 1940s. It would not change, but the number of part time female pharmacists would increase, he predicted.

Dr G. Jefferson (above), secretary of the Society's Scottish Department, warned that manpower predictions needed to be treated with caution. Free movement of pharmacists within the EC was having a negligible effect at present, the cumulative total of incomers standing at 88. However, in the community area opening hours were longer and half day closing often a thing of the past.



Terry Turner, Welsh School of Pharmacy



As the reforms to GP services get under way, more practices will become fund holders, predicted Mr J. Peattie (pictured), pharmaceutical advisor to West

Metropolitan FHSA. The system will work, he told a sceptical audience discussing the advisory role of pharmacists in indicative drug budgeting. Peter Curphey, an RPSGB Council member from the Isle of Man, said he could see no incentive for pharmacists to get involved.

Mike Cullen, a DPhO from Derby, was cynical about the role of the medical advisor. It will end up with pharmacists banging heads together to force rational prescribing as they have done in the hospital service, he suggested. Peter Noyce, deputy chief pharmacist at the Department of Health, asked whether community pharmacists see themselves making a contribution. If they do, they need to demonstrate it, he advised.

Advice and the pharmacist — responsibility means liability

In considering their widening role, pharmacists should bear in mind that with increased responsibility goes increased risk and potential liability, warned NPA chairman Tim Astill.

While not arguing that pharmacists should not accept additional responsibilities, he message was that they should take care to act within the limits of their competence. "We should make sure that our competence, skill and knowledge expand to cover any extensions to our role. That, in short, means training," he said. "Giving advice by guesswork is always going to be dangerous, so don't do it."

Liability is generally based on the concept of fault, said Mr Astill, thus not every loss or injury gives rise to a remedy. This applies to giving advice or any other service. But if the advice is wrong, the burden of proof is shifted so it is for the defendant to show he or she is not at fault.

An action for damages

following wrong advice might be based on contract, eg fitness for purpose. It might be based on product liability, where a defect is defined by reference to reasonable safety. A "defective" product may be made non-defective simply by giving appropriate advice, said Mr Astill.

A mono amine oxidase inhibitor could be a defective product without a warning, he speculated. Because there is not such thing as a completely safe medicine, could the stage be reached where all medicines are automatically regarded as defective unless accompanied by warnings, he wondered.

Legal precedent had established there are two kinds of advice, said Mr Astill: informal and casual, or formal advice given professionally by, for example, a pharmacist in a pharmacy. In such a situation, where the recipient of the advice relies on the pharmacists' skill, the pharmacist is under a legal duty to take care.

conference on Merseyside, extolled the virtues of the venue and announced the Conference theme of "Diagnosis into the 21st Century"



Ronnie McMullan (above), president of the Pharmaceutical Society of Northern Ireland, proposed the vote of thanks at the closing session. Dr Bill Marlow (right), chairman of the 1991



The attractions of the natural alternative

It is a paradox that despite the development of potent drugs and advances in surgical techniques, the public are turning increasingly to alternative medicines, according to Professor David Phillipson, School of Pharmacy, London.

Turning to herbal medicines in particular, Professor Phillipson spoke of a disillusionment with conventional treatment, particularly among patients with chronic ailments. Fears over their safety, particularly post-thalidomide, was another reason for the turn to herbal medicines.

However, Professor Phillipson said the public were mistaken in the belief that natural meant safe and synthetic meant toxic. A "green" image was now considered trendy, while nostalgia for "granny's cures" also played a part in the popularity of herbal products.

Herbal medicines were mainly obtained from health food shops, supermarkets and even mail order companies. This raised important questions about the quality of advice given to patients. Professor Phillipson asked pharmacists to consider stocking these products, giving patients the benefit of their professional acumen.

Pharmacists concerned about the safety and quality of herbal products may well be advised to stock only those products licensed as medicines, said Professor Phillipson. The granting of a PL number enabled the manufacturer to make medicinal claims for the product.

There were a few exceptions,

he said, particularly feverfew, where the cost of a licence application was probably a factor in the product remaining unlicensed. However, there was some evidence of its efficacy.

During the discussion, Dr Mo Aslam of Nottingham University highlighted the problem of ethnic minorities, many of whom took imported herbal preparations. These may have an adverse effect on the efficacy of conventional medicines, he said. Perhaps UK pharmacists of ethnic origin had a role to play in educating people of the possible dangers.

Dr Harry Seager of R.P. Scherer questioned the safety of herbal preparations where there was a problem with standardisation techniques. Professor Phillipson said his gut reaction was that the majority of products were safe. However, pharmacists should be aware of any patients over using herbal medicines or using them to treat chronic complaints. Two speakers in the audience said they had experience of patients purchasing large quantities of the natural product Kalms.

A total information system for OTC medicines

All advertisements for over the counter medicines should include a "read the label" warning, while essential information relating to the product should be on the immediate container, believes Diana Whitworth, head of public affairs at the National Consumer Council.

Advertising is a form of information, she said, but it is its accuracy and the way it is presented that is the key to effective consumer choice.

According to research by the Proprietary Association of Great Britain, only 6 per cent of people believe that television advertising influences their choice of OTC medication. Past experience (48 per cent) and recommendations by friends or relatives (22 per cent) were the biggest influence, with pharmacists (8 per cent) only slightly more effective than advertising.

Mrs Whitworth wondered why pharmacists scored so low and asked if consumers felt that the commercial incentives in running a pharmacy affected the quality of advice. Perhaps pharmacists should promote themselves more to the public, she said.

Mrs Whitworth put forward the idea of a total consumer information system for OTC

medicines, giving different information at different stages of the medicine's use. Essential safety information should be readily accessible when the consumer chooses the drug and when it is used, ie on both the outer pack and the immediate container. Boxes and leaflets get lost, damaged or thrown away, she said.

Colette McCreedy, head of public affairs at the National Pharmaceutical Association, said she was encouraged to see how little advertising influenced people's choice of OTC medicines. She wondered then why so many companies spend so much money on it.

Mrs Whitworth then put forward the idea of having "Ask your pharmacist for details" appearing at the end of all OTC medicine advertisements. This was something that the NPS were pushing for, said Mrs McCreedy, and Council member Bill Darling called for the National Consumer Council, RPSGB and the NPA to jointly campaign for this.

On the question of the pharmacist impartiality given commercial pressures, Mr Ferguson pointed out to research that showed 11 per cent of requests for pharmacists advice did not result in a sale.

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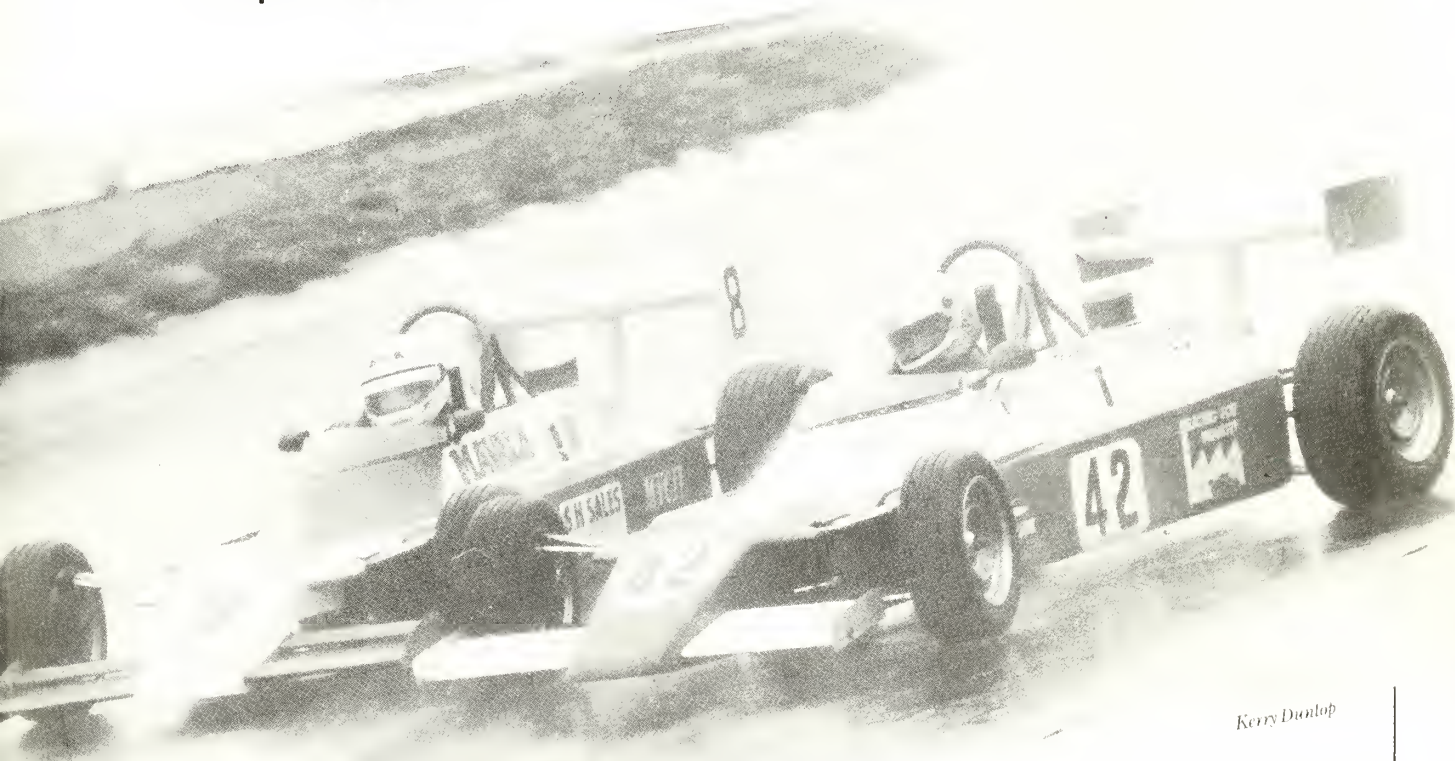


We invite comparison



Living in the fast lane

If you have £50,000 to spare and an interest in motor racing you could help pharmacist Jeff Gresswell move into Formula 3. But there's no guarantee of success, as can be seen below when Jeff was narrowly beaten into second place at a rain soaked Lydden Hill in Kent by 1988 FF2000 champion Dave Nicholls



Kerry Dunlop

Pharmacist Jeff Gresswell, a racing driver sponsored by Mavala, has become Formula Ford 2000 champion for the second year in succession.

He has won eight of ten races and in nine of these he set new lap records or had already set the record himself last year.

He will be making a guest appearance at Mavala stand (H19) at Chemex this weekend, together with his Van Diemen RF82. This is the type of car driven by Ayrton Senna in his Formula Ford 2000 days. But Jeff fears he is too old at 43 to make the same name for himself. "You need to be in Formula 1 by the

time you're 30," he explains.

Now manager of a branch of Foster & Plumptre in Scunthorpe, Jeff did not qualify as a pharmacist until the grand old age of 35. In his teens all thoughts of academic achievement were pushed to one side by his love of racing and building cars. He started building his first car at 12, finally finished one six years later and hasn't stopped building them since.

He began racing at the age of 20 at Mallory Park where he spent two years at racing school. Then he took up lorry driving to be near Brands Hatch where he eventually became an instructor for three or four years. He was too poor to afford his own racing

car until the late '70s when, as an unemployed lorry driver, he borrowed enough money to enter half a season's racing, usually ending up in fifth or sixth place in each race.

By then he had decided to be a pharmacist. So, when his debts equalled the value of his car, he sold it and did his A levels, later going on to Sunderland Polytechnic. "It wasn't until I became a pharmacist that I could afford to get onto the track properly," he says.

He won 13 out of 17 in the 1984 Formula Ford 1600 pre 74 championships and set five lap records. The following year he did a similar championship and won six times out of eight.

buy the Formula Ford 2000 Van Diemen after much "wheeling and dealing" over spare parts.

He now loves having someone to race for: "It gives a tremendous feeling of satisfaction. Racing is much more enjoyable when you know there are people cheering you on and hoping you'll win."

Not that there's much time for reflection at top speeds of 135mph: "You are thinking that every corner is going to be the best you have ever done. As you exit you are analysing whether you got it right or wrong, and this goes into the memory bank for the next time you take that corner. All

Racing team

In 1986 he set up his own racing team, the idea being to hire cars to other drivers. But trying to maintain three cars on top of a full time job as a pharmacist meant he was often working until past midnight then falling asleep over the next day's prescriptions.

"If I had more time I might try running a team again, but it's not something you can do part time. Besides, my heart is really in driving myself."

In the mid '80s he wrote to 200 pharmacy-related companies seeking sponsorship and Mavala were the main ones to come forward. They took up this sponsorship again last year when their launch of the Formula 2000 range coincided with the fact that Jeff had eventually managed to

the time, you're pushing yourself into unknown territory. To be competitive, you have to develop a technique in which you frighten yourself just a little. If you're not frightened, you're only cruising. On the other hand if you're too anxious you become tense and your technique becomes harsh, which can be fatal. At the same time you need to be aware of who's coming up behind you and the state of the machinery."

Hurting round bends at 120mph imposes tremendous forces on the upper body, so in any spare time left after car maintenance and testing, Jeff does fitness training and plays squash or golf.

In his racing he regards himself as two steps up from the bottom and three of four from the top. His next challenge would be Vauxhall Lotus or Formula 3. "All I need is someone with a spare £50,000!" he muses.

BUSINESS NEWS

The UK's newest pharmaceutical wholesalers, Medicopharma UK, have formally announced their management team and outlined their strategy to *Chemist & Druggist*. The three man executive comprises Suardus Fontein, chairman, John Baseley as chief executive and Nick Stedman as the new commercial director. Day to day responsibilities are divided between Mr Baseley and Mr Stedman, with the former responsible for personnel, operations, the running of the branches and PR while Mr Stedman takes charge of sales, marketing, finance and computer systems. Mr Fontein is chairman of Medicopharma NV, the Dutch parent company.

Medicopharma UK aim to build up their business in the hospital sector. Macarthy's wholesaling division virtually withdrew from this market some two years ago, though more recently there has been some business for the Glasgow and Romford branches. The company now plans to redevelop this side of their operations "slowly but surely" from these two bases.

More generally, Medicopharma UK plan to devolve management responsibility back to the branches, a strategy which is reflected in their "lean" management board and their determination that the individual branches should retain their existing identity. Butlers, Macarthy Medical, Ridley Pharmaceuticals, and Taylor Pharmaceuticals will continue to be known as such, although they will also carry the additional tag that they are divisions of Medicopharma.

Branch responsibility means that even such decisions as loan schemes have been devolved to the branches. "We are saying to our managers: 'This is your business, your territory, your customers and you must make your own decisions'," said Mr Baseley.

This fits in with the company's wider philosophy of bringing customers and branches as close as possible: "We want to be seen to work with our customers at local level," said Mr Baseley. Nick Stedman commented: "In our research, discounts only

Medicopharma target hospital market



Left to right: John Baseley, Suardus Fontein and Nick Stedman

features third in importance for pharmacists; their first priority is service. The second is the levels of financial support available for loan schemes."

Predictably, John Baseley has been appointed a director of Numark, though less predictably marketing manager David Wood has left Medicopharma UK to

become the retail development director for Numark, taking up his duties from Monday. In line with the Medicopharma "get closer to the customer" philosophy Mr Baseley sets great store by Numark.

He believes there have been difficulties for Numark over the past few years and points to

Macarthy's retail chain as a possible source of conflict of interest when they had the wholesale operation as well. But he sees Numark as an important tool for the independent pharmacist. Geographically, Numark is strong in pockets, but in South East England it is extremely weak, argues Mr Baseley. He intends to push the Numark especially hard in this area.

The new Medicopharma UK grouping intends to fight to increase traded volumes by increasing the catchment area of branches. "For example, Butlers have not serviced Manchester, Birmingham or Nottingham for years, so we have extended their territory," said Mr Baseley. He also intends to promote more vigorous selling from the salesforces across the board: "I want to drive the managers out into the field more and more, and the sales force will be directed to do some product selling and revisit old customers." To achieve this the company intends to move towards a more "incentivised" form of payment.

Mr Baseley also believes in giving the salesforce greater discretion to make individual deals within the general discount structure, as it is this personal service which is important to pharmacists, he believes.

Immediate investment plans include replacing the 150 strong van fleet over the next couple of years — a £1.5m spend — updating the computer systems at a cost of £3m and spending £500,000 in the first year in rehabilitation work at the branches. "In Leicester one of the first things we did was to completely gut the offices and extend the effective warehouse space by adding a mezzanine floor," said Mr Baseley.

However, Mr Baseley sees his biggest opportunity arriving when Unichem float on the Stock Exchange. "A huge amount of business changed hands in 1988 when Unichem introduced their share scheme," he said, "and while Unichem will no doubt come up with a lot of creative tricks to try and retain their customers we will be working to get a lot of our old customers back."

Cheque card fraud rises

Some £14m worth of cheque card fraud took place between January and June this year, according to figures released by the cheque card committee of the Association for Payment Clearing Services (APACS). This represents a 25 per cent increase over the same period in 1989. At the same time a survey commissioned among retailers showed a high level of awareness of fraud.

The two main factors behind the increase in fraud are the sheer number of cards in circulation and the growing popularity of higher

limit cheque cards, says the committee in its Fraud card report 1990. Around 4.5m additional cheque guarantee cards were issued in 1989, and higher cheque limits of £100 and £250.

The survey of retailers found that 40 per cent of cashiers were worried about causing delays at the till by checking cheques properly, and that women were more worried about violence.

However, the survey showed that women checked cheques best, carrying out the proper procedures more often than men.



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So before we made any decisions we decided to take some expert advice from you and your customers.

As a result our new Managing Director, Terry Norris, spent several months touring Britain, talking to the public, retailers and wholesalers.

And that's not all. Numark are setting up a national advisory board which will be made up of retail members together with Central Office personnel. You'll be kept up-to-date with the national advisory board's meetings and decisions in the Numark house magazine Newslite. Giving you a fuller picture of today's retail environment.

Talk to Numark today, because if you're not a member you'll be missing out on some expert advice.

Write to Fairway Court, Tamworth Business Park, Amber Close, Tamworth, Staffs B77 4RP.

Or telephone (0827) 69269.



ON THE MOVE.

Seton on buying spree

Seton Healthcare Group have made their first acquisition since joining the official list of the Stock Exchange in July, via their wholly owned USA subsidiary Sepro Healthcare Inc.

They have agreed to purchase from the Jerome Group Inc, of New Jersey, a range of back supports, Neoprene joint supports, orthopaedic splints and orthopaedic soft goods, most of which are marketed under the Warm 'N Form trademark.

Assets also being acquired comprise inventory, machinery and the Warm 'N Form and other trademarks.

The consideration is US \$2m. Further payments representing 7 per cent of the sales value of the products sold in North America over the next five years will be paid quarterly in return for a "non compete" covenant.

Seton will move the operations into their facilities in New Jersey and re-employ key staff.

Photos on compact disc

Eastman Kodak have devised a new photographic system that can scan 35mm images and write them on compact discs.

These pictures can then be played back on television with new Kodak Photo CD players manufactured by Philips. The players will offer both high fidelity CD sound and high quality display.

Kodak have described the development as "a turning point in the history of photography"

The facility will be available from 1992. Customers will take their film to photofinishers for developing and printing as they do today, but they will receive a 120mm gold compact disc containing a digitised record of all the exposures, as well as prints.

The first Photo CD player is expected to start at under £300 and a Photo CD containing 24 pictures at less than £9. The player will also play audio CDs.

Chemtec buy

Jim Flanders, managing director and major shareholder of Chemtec Systems Ltd, has recently purchased the copyright to a pharmacy labelling system for a Video Genie computer, written by Brian Howarth, an independent computer programmer and consultant.

The program was one of the first labelling systems for pharmacies and was marketed by no other company under licence. Mr Flanders sees the acquisition of the copyright as a major step in retaining the confidence of the market.

Waverley look to cosmetics

Waverley Cosmetics have been launched as a division of Waverley Pharmaceutical, of Runcorn, Cheshire, to offer blow-fill-seal (BFS) packaging technology to cosmetic companies.

The process involves a container which is blow moulded, filled with sterile product and sealed in a continuous integrated operation. Preservative-free products can be packaged in single application units, as cosmetic samples, in this way.

Waverley can produce 300 million sterile units a year.

A campaign to gain parity in employment conditions for part time shop staff has been launched by USDAW, the shopworkers union. The union believes that fringe benefits such as sick pay and eligibility for a company pension scheme really form part of employees' pay, and it is targeting a number of retail companies where part time staff are currently excluded from receiving them.

It says that should an employee not respond to collective bargaining, it is prepared to take legal action as the European Court recently decided that, where most part time workers are women, unequal treatment is a form of sex discrimination and is illegal.

For sale...

The business and assets of perfumes and toiletries wholesaler Kintran Ltd, trading as Towns of Melbourne, are being offered for sale by an administrative receiver.

On offer are leasehold premises near Colchester, Essex, office and warehouse equipment, quantity of stock and packaging and the rights to the name.

The administrative receiver is prepared to consider offers for all or part of the business and assets of the company. Inquiries to: Laurence Baehr, Clark & Whitehill & Co. Tel: 071-353 577.

Numark to cruise the Caribbean

Next year's Numark convention is being called "the most exciting yet".

From April 26 to May 5, delegates will be cruising in the Caribbean on a five star liner. After flying out to Miami and boarding the liner, delegates will visit Puerto Rico, the British and USA Virgin Islands and Nassau.

The business element will include the convention, "meet the trade", and a series of seminars. Details are available from Geoff Bass, sales and marketing controller at Numark, on 0827 69269.

Swansea hosts Welsh conference

The fourteenth Welsh Pharmaceutical Conference will be held at The Holiday Inn, Swansea on October 20-21, taking as its theme, "The detection of drugs in crime, sport, and as contraband."

The conference dinner will be held on the Saturday evening (7.30 for 8pm) with the formal opening at 9.30pm on the Sunday.

The cost of conference dinner, bed/breakfast, registration, lunch and refreshments is £80 (£70 for accompanying members). Delegates attending for Sunday only will be charged £30.

Details are available from Mr S. Southwell on 071-735 9141. Bookings should be submitted no later than October 5.

Sunday September 23

Young Pharmacists' Group regional conference at RPSGB headquarters, London. A meeting dealing with doctor dispensing.



coeliac disease, and professional aspirations and advertising. Non-members welcome. Details from Paul Langford on 0622 890758.

Wednesday September 26

Scottish Borders Branch, RPSGB. Chairman's reception at Red Lion Hotel, Earliston, 7.30 for 8pm. "Evening primrose oil" by Stuart Rose, production manager, Scotia Pharmaceuticals.

Wirral Branch, RPSGB. Postgraduate centre, Clatterbridge Hospital, at 8pm. "The Bayeux tapestry", by Peter Bird. Tea and biscuits will be served.

Thursday September 27

Bedfordshire Branch, RPSGB. Postgraduate Medical Centre, Luton & Dunstable Hospital, 8pm (buffet). "The role of the pharmacist in community psychiatric care" by Miss M Tompkins.

Bath Branch, RPSGB. Redwood Suite, Crest motel, Crest Way, Barnwood, Gloucester, at 7pm. A discussion on "Maximising the quality of pharmaceutical services to the public in Gloucestershire", led by RPSGB Council member John Davies, and LPC chairman Bill Mallinson. Buffet provided. Followed by extraordinary general meeting.

Weald of Kent Branch, RPSGB. Post-graduate centre, Kent and Sussex Hospital, Mount Ephraim, Tunbridge Wells, at 7.45pm. "Council business", by Noel Baumber, member of Council. Coffee and biscuits.

Friday, September 28

Isle of Wight Branch, RPSGB. Visit to the Botanic Garden, meeting in the car park at 7.30pm. Followed by supper at the Garden Platter (cost £5.50). Contact Sarah Insole on 0983 882473 (daytime) by September 24.

Advance information

National Retail Training Council. A conference "Women in retail", on October 3, at the Strand Palace Hotel, London. Will cover women returners — how to recruit and retain them; women in management positions, attitudes to women at work; and childcare provision. Fee £113.85. Details from NRTC, Bedford House, 67 Fulham High Street, London SW6 3JW. Tel: 071-371 5021.

Career and workwear show. An exhibition at Olympia on October 10-12. Details available on 071-370 8173.

NAHAT One day conference "Health for whom?" at Glazier's Hall, London on October 24 at 9.30am. Cost per delegate, £99 + VAT. Details from Barbara Connah on 021-414 1381.

More than 25 million Telecom phonecards were sold in 1989 and the number is likely to double over the next year, predict APS Stampbank, who are promoting their wall mounted Phonecard 5000 vending machine. The unit measures 17 by 11 by 5in and dispenses a 20 unit card when two £1 coins are inserted. With a capacity of 120 cards, the normal profit generated by sales is 10 per cent, say APS Stampbank Ltd. Tel: 071-235 0062

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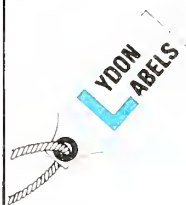
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HYPROMELLOSE EYE DROPS	10ml	0.32p
SALBUTAMOL INHALERS	1	0.79p
NAPROXEN 500mg	100	4.80
SERC 8mg	100	37%
MICROPORE 2.5cm	1	30%

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15.50	Anais Anais 30ml EDT Spray	9.95	8.95
22.00	Aromis 120ml A/S	14.70	13.70
18.00	Aromis 900 50ml COL	12.25	9.25
22.50	Cacharel 100ml A/S	15.25	10.25
44.00	Giorgia 90ml EDC Spray	29.95	25.95
19.50	Givenchy Gents 109ml A/S	9.90	8.90
19.00	Lacoste 100ml A/S	11.25	9.25
17.95	Lou Lou 30ml EDP Spray	11.95	10.95
15.00	Modame Rachos 30ml EDT Spray	7.15	6.50
24.00	Mogi Noir 50ml EDT Spray	15.60	12.60
14.00	O De Loncome 75ml Spray	9.50	7.75
20.00	Paco Rabonne 60ml EDT	12.50	9.50
19.75	Quorum 100ml A/S	10.50	8.50
19.95	Ysatis 25ml EDT Spray	12.50	11.05
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AMO 500	AMOXYCILLIN CAPSULES 500mg	100	5.29
AMI 500	AMILORIDE TABLETS 5mg	500	4.60
E384	MIANSERIN TABLETS 30mg	30	12.29
SEP100	SEPTRIN 480mg	100	44%

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Ref. NRB848
RSP 11.95 Cost 8.35

Qty

EAU SAUVAGE
30ml EDT Spray
Ref. ES30
RSP Special Cost 6.95

Qty

ANAI ANAIS
50ml EDT Spray
Ref. C340
RSP 21.00 Cost 14.70

Qty

PALOMA PICASSO
30ml EDP Spray
Ref. PP5231
RSP 25.00 Cost 17.50

Qty

FLEUR DE FLEUR
48ml EDT Spray
Ref. NRL682
RSP 11.95 Cost 8.35

Qty

CHLOE
30ml EDT Spray
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LOU LOU
50ml EDP Spray
Ref. C5140
RSP 23.95 Cost 16.75

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50ml EDC Spray
Ref. CD9222
RSP 18.00 Cost 12.60

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PACO RABANNE
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RSP 21.50 Cost 15.05

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Ref. CK0340
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Ref. GBH035
RSP 29.50 Cost 22.15

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RSP 19.50 Cost 13.65

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FENDI
50ml EDT
Ref. F2861
RSP 27.00 Cost 18.90

Qty

GIORGIO
50ml Aftershave
Ref. GBH552
RSP 16.00 Cost 12.00

Qty

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90ml EDT Spray
Ref. OS1253
RSP 40.00 Cost 28.00

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Ref. L4418
RSP 42.00 Cost 33.60

Qty

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RSP 23.00 Cost 17.25

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60ml EDT Spray
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100ml Aftershave Spray
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CHARLIE
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ABOUT PEOPLE

Lederle scholarship

Margaret Hewetson, clinical trials pharmacist at Royal Marsden Hospital, is the winner of the Lederle Pharmacy Scholarship Award worth £1,000.

Entrants were asked to write an essay entitled "Development of cytotoxic pharmacy practice" and outline how the Award would be spent. Ms Hewetson has chosen to spend it visiting the National Cancer Institute in the USA, the Hospital St Louis in Paris and seven British oncology centres.

Her main aim at each centre is to discuss with the pharmacist responsible for clinical trials their input into screening protocols and the efficient conduct of clinical trials. "I will be particularly interested in how the pharmacist fits into the local clinical research teams, and their ideas for



Bob Champion presenting clinical trials pharmacist Margaret Hewetson with £1,000 prize as a winner of 1990 Lederle Pharmacy Scholarship Award

expanding their role in the future", said Margaret Hewetson.

The Award was judged by a panel comprising Professor Patrick D'Arcy, professor of pharmacology, the Queen's University of Belfast and visiting

professor to the School of Pharmacy, University of London, Dr Michael Allwood, director of pharmaceutical research and development, Derby Royal Infirmary and Paul Rayner, oncology product manager, Lederle Laboratories.

Arsenic hoard in Liverpool

Enough arsenic to kill 8,300 people has been handed in to a Liverpool pharmacy as part of a medicine "amnesty" campaign.

Bought long ago as a weedkiller, the 2lbs of arsenious trioxide, a fine white powder, had been stored in unopened jars.

The secretary of Liverpool LPC Jeremy Clitherow, points out if it had been exposed to the air or flushed down the drain, it would have released toxic vapour which is intensely irritant to skin, eyes and respiratory system.

At the Bar

Northern Ireland pharmacist Alan Weir will be called to the Bar in the Province on September 25.

Formerly a hospital pharmacist, Mr Weir supported his studies for a Certificate in Academic Legal Studies at the Queen's University of Belfast with locum work. Further study at the Institute of Legal Studies in Belfast prepared him for work as a barrister. Mr Weir is still looking for ways to apply his dual qualification.

AAH Pharmaceuticals Ltd have appointed Andy Anderson as data information systems manager at their headquarters in Runcorn. Mr Anderson joins the Runcorn team from the AAH Computer Centre in Speke.

Jim Clarke has been appointed AAH's print and publicity manager. He will also be responsible for conference organisation.

Philip Harris Holdings, the Staffordshire-based pharmacy retailer and equipment and materials supplier, have appointed David Newcombe as group finance director with effect from October 1.

APPOINTMENTS

New Society PR manager

Miss Beverley Parkin has been appointed public relations manager for the Royal Pharmaceutical Society and will take up her post on October 8.

Miss Parkin is a BA Honours

graduate in modern languages from Newnham College, Cambridge, and holds a London College of Printing Diploma in periodical journalism.

From 1984 to 1988 Miss Parkin was press and publications officer with the Manufacturing, Science and Finance Union, where she was responsible for all media work, and was assistant editor of the Union's monthly journal.

Since 1988 Miss Parkin has been public affairs officer of the Gas Consumers Council, the statutory "watchdog" body serving gas users. There she has been responsible for all national and regional media contact and parliamentary liaison.

Creighton's Naturally plc have appointed Gerry Clements as managing director. Richard Tester, financial controller becomes, in addition, company secretary. Richard Collard continues as executive chairman and he and his family remain substantial shareholders.



Mr Carpenter of Carpenter's Chemist, 25 Fore Street, Salcombe, Devon, was the winner of a week's holiday on the luxury cruiser "Lady Swan" on the Norfolk Broads after ordering products from photo chemist wholesaler Swains earlier this year



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